

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

27391-7630

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Townshp..... Primary Registration District No. **1003**  
 City *St. Louis* (No. *1536 Lafayette*) St. .... Ward) .....

**2. FULL NAME**

(a) Residence, No. *1536 Lafayette St.*, *23* Ward. ....  
 (Usual place of abode) .....

Length of residence in city or town where death occurred *31* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Barbara Nahlík*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 15-1844*

7. AGE YEARS *89* MONTHS *11* DAYS *9* If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as salesman, sawyer, bookkeeper, etc. *Stone mason*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *retired 25 yrs*

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Czech. Slovakia*

13. NAME *Albert Nahlík*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Czech. Slovakia*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Trump Nahlík* (ADDRESS) *1536 Lafayette*

18. BURIAL, CREMATION, OR REMOVAL *St. Vela + Paul* DATE *7-28-34*

19. UNDERTAKER *Wm. E. Hengst* (ADDRESS) *1926 Allen Ave*

20. FILED *July 27 1934* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-24-34*

22. I HEREBY CERTIFY, That I attended deceased from *July 24*, 19*34*, to *July 24*, 19*34*.  
 I last saw him alive on *July 24*, 19*34*. Death is said to have occurred on the date stated above, at *10:20 P.M.*

The principal cause of death and related causes of importance were as follows:

*Heart Brostitution* Date of onset

*9:30 191 6 hours*

Other contributory causes of importance: *Chronic Myocarditis & Arterio Sclerosis*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify (Signed) *Arthur Hengst*, M. D.

(Address) *1845 1/2 140 St.*

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 15 1934

