

WRITE 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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

ISOLATION HOSPITAL 791

Do not use this space.

34237

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 1003
Primary Registration District No.....

File No.....
Registered No. 9025
St..... Ward)

2. FULL NAME

(a) Residence, No. Route 15, Prospect Hill, St. M.R. Ward.

(Usual place of abode) St. Louis, county

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF School Boy		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12 - 1925		
7. AGE YEARS 9	MONTHS 7	DAYS 27
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....		
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) Detroit, Michigan		
13. NAME Paul Marechek		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czech, (Europe)		
15. MAIDEN NAME Barbara Ryat		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czech, (Europe)		
17. INFORMANT Ruth McElrath 5660 Arsenal		
18. BURIAL, CREMATION, OR REMOVAL PLACE Bethelham DATE Sept 11, 1934		
19. UNDERTAKER Mrs. M. J. Maydell 1926 Address on		
20. FILED FP 10 153, 119 J. Brebeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1934

22. I HEREBY CERTIFY, That I stated deceased from Sept 4, 1934 to Sept 8, 1934
I last saw him alive on Sept 8, 1934. Death is said to have occurred on the date stated above, at 10:50 p.m.
The principal cause of death and related causes of importance were as follows:
Diphtheria, Faucial
10
93A
10
Other contributory causes of importance:
Acute Toxic Myocarditis

Name of operation: None Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? M (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) John Eschenbrenner M. D.
(Address) ISOLATION HOSPITAL

