

DEC 13 1934

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

Do not use this space.

40961

File No. 10905
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____

Registration District No. 701

Township _____

Primary Registration District No. 1003

City *St Louis* (No. *City*)

13383

2. FULL NAME

(a) Residence, No. *3812* *Laclede* Ward *18*
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *5* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *abt 1899 unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 35 unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

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) *Missouri*

13. NAME *Jas Cepicky*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Mildred*

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

17. INFORMANT *Wasp Sup Co* (ADDRESS) *City, Wash St*

18. BURIAL, CREMATION, OR REMOVAL *Placed in Paul* DATE *11-10-34*

19. UNDERTAKER *W.C. Mayall* (ADDRESS) *1926 Galena Ave*

20. FILED *UV 13 1334* *J. Herdeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 13 1934*

22. I HEREBY CERTIFY, That I attended deceased from *11/10*, 19*34*, to *11/13*, 19*34*.

I last saw him alive on *11/15 1934*. Death is said

to have occurred on the date stated above, at *9:30* p. m.

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

Probable Solar Pneumonia

108 SA 108

Other contributory causes of importance:

Dementia Praecox

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) *W.H. McCain*, M. D.

(Address) *City Wash St*

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.

