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

JAN 13 1936

Do not use this space.

41710

791

1003

File No.

Registered No. 10955

1. PLACE OF DEATH

County

Township

City St Louis (No. City Hospital St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Dennis G. Novotny

(a) Residence, No. 4324 Washington St., 19 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	Wh	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 23 - 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	28	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Clerk

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) Mo.

FATHER

13. NAME Guthrie Novotny

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER

15. MAIDEN NAME Rose Bradley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Mrs. Rose Novotny
(ADDRESS) 4324 Washington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles Cmty DATE 12/28 1935

19. UNDERTAKER Louis H Bopp
(ADDRESS) Kirkwood Mo

20. FILED DEC 26 1935 19 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25- 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 30 A m.

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

	Date of onset
Traumatic Purulent Meningitis	
Fractured skull, lacerated brain, recd in collision between two autos at intersection. deceased was a passenger in one car involved	

Other contributory causes of importance:

194 lb

2 10 70

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid Date of injury 12/22, 1935

Where did injury occur? St L Mo
(Specify city or town, county, and State)

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

Manner of injury Auto

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Harold Gehlmann, M. D.

(Address) Dept for

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD