

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

Do not use this space.

3515

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **2830 Texas Ave**)

File No.....
Registered No. **751**
St. Ward)

2. FULL NAME **Charles J. Klika**

(a) Residence, No. **2830 Texas Ave.** St. **24** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **56** yrs. **2** mos. **16** 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 **Married**
(Usual place of abode)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 4, 1879**

7. AGE YEARS **56** MONTHS **2** DAYS **16** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Mail Carrier**

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) **St. Louis Mo.**

MOTHER FATHER 13. NAME **Joseph Klika**

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

MOTHER 15. MAIDEN NAME **Mary Shalek**

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

17. INFORMANT **Mary Klika** (ADDRESS) **2830 Texas Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S.S. Peter & Paul** DATE **1/22/36**

19. UNDERTAKER **H. C. Mandell** (ADDRESS) **1956 1/2 St. Louis**

20. FILED **JAN 22 1936** **J. Bredek** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 20, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **January 11, 1936** to **January 20, 1936**
I last saw him alive on **January 20, 1936** Death is said to have occurred on the date stated above, at **3.10 A.M.**

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

Coronary Embolism Date of onset **Jan 20 36**

Other contributory causes of importance: **Fluency Acute** **Ch. Myocarditis** **Ch. Endocarditis** **1934**

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? **none** Date of injury....., 19.....
Where did injury occur? **none** (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..... **none**

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

If so, specify **Arteriosclerosis** (Signed) **J. Bredek** M. D.
(Address) **2767 Locust St. St. Louis**

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