

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

Do not use this space.

MAY 7 1936

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **St. Anthony Hospitals**) Registered No. **17494**
Ward **4274**

2. FULL NAME

(a) Residence, No. **5234 Steffens** St. **15** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF - <i>John Hantak</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug. 11, 1888</i>				
7. AGE	YEARS <i>47</i>	MONTHS <i>8</i>	DAYS <i>6</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	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) <i>St. Louis Mo.</i>				
FATHER	13. NAME <i>Henry Dressler</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
MOTHER	15. MAIDEN NAME <i>Anna Bartha</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
17. INFORMANT <i>John Hantak</i> (ADDRESS) <i>5234 Steffens</i>				
18. BURIAL, CREMATION, OR REMOVAL <i>New St. Peter's Church</i> DATE <i>April 20, 1936</i>				
19. UNDERTAKER (ADDRESS) <i>Thos. Kautis</i> <i>2906 Grayson Ave.</i>				
20. FILED APR 19 1936 <i>J. F. Bredeck</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 17, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *April 8, 1936* to *April 17, 1936*

I last saw *her* alive on *April 17, 1936* Death is said

to have occurred on the date stated above, at *5 P. M.*

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

Critonitis.

Date of onset
4-14-36

12/15

Other contributory causes of importance:
varicella eyes benign subconjunctival
sebaceous appendicitis, indurated

Name of operation *after dressing* Date of *4-8-36*

What test confirmed diagnosis? *Spec.* 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? (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? *no*

If so, specify

(Signed) *n. s. Scheraga* M. D.

(Address) *2318 S. Grand*

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.

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