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

JUN 13 1936

Do not use this space.

20705

1. PLACE OF DEATH

County ..... Registration District No. 791

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

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

File No. .....

Registered No. 4887

2. FULL NAME Andrew Mach

(a) Residence, No. 529 N. Smith Ave St., N.R. Ward. Vineta Okla
(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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10th 1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	11	24	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frisco R R.

10. Date deceased last worked at this occupation (month and year) 3

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungaria

FATHER

13. NAME Martin Mach

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

MOTHER

15. MAIDEN NAME Catherine Zapleta

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

17. INFORMANT (ADDRESS) Patient Andrew Mach Vineta Okla

18. BURIAL, CREMATION, OR REMOVAL

PLACE Vinita Okla DATE May 7th 1936

19. UNDERTAKER (ADDRESS) Albert H. Hoffe Inc 429 N. Emmett Ave.

20. FILED MAY 4 1936, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/4/, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/13/, 1936, to 5/4/, 1936

I last saw him alive on 5/4/, 1936 Death is said to have occurred on the date stated above, at 9:50 a.m.

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

Carcinoma of Stomach

Date of onset

Other contributory causes of importance:

Name of operation Laporotomy Date of .....

What test confirmed diagnosis? 4/10/36 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?

If so, specify .....

(Signed) Pugh Haynes Jr, M. D.

(Address) 4960 Laclede