

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

Do not use this space.

21423

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1008**
City **St. Louis** (No. **4709** address)

File No.
Registered No. **5664** (Ward)

2. FULL NAME

(a) Residence, No. **4709 Adams** St., **15** Ward.

(Usual place of abode) Length of residence in city or town where death occurred **45** yrs. mos. ds. How long in U. S., if of foreign birth? **14** yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Vacikar				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25, 1870				
7. AGE	YEARS 65	MONTHS 7	DAYS 2	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Harness maker			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia			
	13. NAME Anthony Vacikar			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia			
17. INFORMANT Catherine Vacikar (ADDRESS) 4709 Adams ave.				
18. BURIAL, CREMATION, OR REMOVAL New St. Peter's Paul (DATE) May 30, 1936				
19. UNDERTAKER Thos. Butis (ADDRESS) 2906 Gravois ave.				
20. FILED MAY 29 1936 W. Brebeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 27, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **September 4, 1935**, to **May 27, 1936**.
I last saw him alive on **May 27, 1936**. Death is said to have occurred on the date stated above, at **12:45 P.M.**
The principal cause of death and related causes of importance were as follows:
Influenza, Hypostatic Labor (Date of onset **May 26**)

Other contributory causes of importance:
Chronic myocarditis, Cholelithiasis, Paralysis of gut

Name of operation Date of
What test confirmed diagnosis? **Autopsy**. Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **No** 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 **None**
Nature of injury **None**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....
(Signed) **J. J. Lawrence** M. D.
(Address) **2767 Locust ave.**

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.

