

JUN 25 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**

Do not use this space.

24643

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No. **1813 Lami**
City **St. Louis** (No. **1813 Lami**) St. Ward)

File No.
Registered No. **6264**
St. Ward)

2. FULL NAME **Frances Matula**

(a) Residence, No. **1813 Lami** St. **23** Ward. (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 Female	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 Frank Matula				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/3/81				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	55	2	15	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife			
	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) **Moravia**

FATHER 13. NAME **John Bednarik**

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

MOTHER 15. MAIDEN NAME **Caroline Boran**

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

17. INFORMANT **Frank Matula**
(ADDRESS) **1813 Lami St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Picker** DATE **6/20/36** 19

19. UNDERTAKER **W. C. Maydell**
(ADDRESS) **1926 Allen Ave**

20. FILE **JUN 20 1936** **J. H. Bedeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/18/36** 19

22. I HEREBY CERTIFY, That I attended deceased from **May 2**, 1936, to **June 18**, 1936
I last saw **her** alive on **July 17**, 1936. Death is said to have occurred on the date stated above, **3:45 a.m.**
The principal cause of death and related causes of importance were as follows:
Date of onset

Carcinoma of Uterus June 1936

Other contributory causes of importance: **NO**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) **Arthur H. Jueneguel** M. D.
(Address) **1845 S. 14 St.**

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.

