

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.

JUL 14 1936

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

Do not use this space.

24896

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. 791
Primary Registration District No. 1003
(No. 2625 Indiana Ave., St. 23 Ward.)

File No.....
Registered No. 6552
St. Ward)

2. FULL NAME William J. Sedlak

(a) Residence, No. 2625 Indiana Ave. St. 23 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 57 yrs. 5 mos. 29 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Sedlak

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 5 5 29

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewery Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bottle Dept.
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 William Sedlak

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

MOTHER FATHER 15. MAIDEN NAME Catherine Neidel

MOTHER FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

17. INFORMANT Anna Sedlak (ADDRESS) 2625 Indiana Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sun Set Park DATE June 30, 1936

19. UNDERTAKE (ADDRESS) W. C. Mandells 1926 Allen Ave.

20. FILED JUN 29 1936 19. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 1/24, 1936 to 6/27, 1936
I last saw h. in alive on 6/22, 1936 Death is said to have occurred on the date stated above, at 2, A.M.

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

Carcinoma of Rectum Date of onset 3/2/36

Other contributory causes of importance: H. anemia

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) J. J. Mistachkin M. D.
(Address) 7259 N Kingshighway

