6

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

Do not use this space.

AUG 18 1936

791

1003

2911013

1. PLACE OF DEATH

County ..... Registration District No. ..... 1003 File No. 2911013

Township ..... Primary Registration District No. ..... Registered No. 7876

City St. Louis (No. Isolation Hospital St. ..... Ward)

2. FULL NAME Peter J. Simunek

(a) Residence, No. 4943 Schollmeyer Ave. St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	49	11	7	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis Metropolitan Police 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.

FATHER

13. NAME Peter J. Simunek

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER

15. MAIDEN NAME Anna Slezak

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Agnes Benda 4943 Schollmeyer Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. SPeter & Paul DATE July. 27, 36

19. UNDERTAKER (ADDRESS) Wm. C. Mogdell 1926 Allen Ave.

20. FILED JUL 25 1936 J. F. Baedeck Registrar.

JUL 25 1936

MEDICAL CERTIFICATE OF DEATH

No Phy. Attendence.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/24, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:30 A. m.

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

	Date of onset
Abscess of Brain (Cause unknown)	
Meningitis (type unknown)	
Adherent Pericarditis.	

Other contributory causes of importance: 90

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes.

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) Harold [illegible], M. D.

(Address) Dipfor.