

DEC 3 1936

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

Do not use this space.

42822

1. PLACE OF DEATH

County.....

Registration District No. 31

Township.....

Primary Registration District No. 03City St. Louis (No. 4820 Terrace Ave)

File No.

Registered No. 11129

St. Ward)

2. FULL NAME Katherine Watsek Vacek.(a) Residence, No. 4820 Terrace Ave St. 2 Ward. (If nonresident, give city or town and State)Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Vacek.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
75		1	10	

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) Illinois
(STATE OR COUNTRY)13. NAME Andrew Dollar14. BIRTHPLACE (CITY OR TOWN) Bohemia
(STATE OR COUNTRY)15. MAIDEN NAME Unknown Schiller16. BIRTHPLACE (CITY OR TOWN) Bohemia
(STATE OR COUNTRY)17. INFORMANT Mary Kalal
(ADDRESS) 4820 Terrace18. BURIAL, CREMATION, OR REMOVAL Nov 10
PLACE Buck Road Cemetery Edwardsville19. UNDERTAKER Thos. Kuttis
(ADDRESS) 2906 Broadway Ave20. FILED Nov 9 1936
J. Bieduck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1936 until Nov 7, 1936I last saw him alive on Nov 7, 1936. Death is said to have occurred on the date stated above, at 11.57 a.m.

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

Chronic Arteriosclerosis

Date of onset

1931

Other contributory causes of importance:

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?.....
If so, specify.....(Signed) Adam A. Youngman M.D.
(Address) 5439 Gravois

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.

