JAN 10 1937

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

Do not use this space.

46897

1. PLACE OF DEATH

County ..... Registration District No. 79Y

Township ..... Primary Registration District No. 1008

City St.Louis (No. 3600 Humphrey St St. ..... Ward)

File No. .....

Registered No. 12719

2. FULL NAME Dr. Lawrence W.Mrazek

(a) Residence, No. 3600 Humphrey St St., 16 Ward.
(Usual place of abode) (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: 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: Blanche Mrazek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 5th 1867

7. AGE: YEARS 69 | MONTHS 3 | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): St.Louis Mo

FATHER

13. NAME: Frank Mrazek

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 (ADDRESS): Blanche Mrazek 3600 Humphrey St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: SunSet Burial Park DATE: Dec 29, 1936

19. UNDERTAKER (ADDRESS): Thos Kutis 2906 Gravois Av

20. FILED: DEC 27 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 26 1936

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1934, to Dec. 26, 1936

I last saw him alive on December 25, 1936. Death is said to have occurred on the date stated above, at 6.30 a.m.

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

	Date of onset
Angina Pectoris	Dec. 25
J H A	

Other contributory causes of importance:

Arteriosclerosis

Name of operation: none Date of .....

What test confirmed diagnosis? — 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 —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) F. O. Stuhalmer, M. D.

(Address) 5431 Cabanne ave

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.

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