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

Do not use this space.

FEB 8 1937

Registration District No. 791 1003

Primary Registration District No.

File No. 3419

Registered No. 451

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. Ten Broek City Hospital #1 St. Ward)

2. FULL NAME Emil Fiala

(a) Residence, No. 1826 Hickory St., 22 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 Edith Fiala

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1886

7. AGE: Years 50 Months 6 Days 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Park 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 Emil Fiala

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia

MOTHER

15. MAIDEN NAME Anna Dvorak

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans

17. INFORMANT Edith Fiala
(ADDRESS) 3941 Schiller Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul DATE 1/14/37, 19

19. UNDERTAKER Ann C. Maydell
(ADDRESS) 1926 Allen

20. FILED FEB 2 1937, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 1937

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 1:45 p.m.

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

	Date of onset
Gun Shot wound	
Self inflicted	
Suicide	

Other contributory causes of importance:
While suffering a mental aberration

Name of operation ..... Date of ..... No

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? Suicide Date of injury 1/11, 1937
Where did injury occur? St. Louis Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury
Nature of injury Laceration

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph M. Freeman, M.D.
(Address) Deputy Coroner

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.

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