APR 9 1937

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

Do not use this space.

File No. 10858

Registered No. 3432

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

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

2. FULL NAME Anton Hornacek

(a) Residence, No. 2751 Allen Ave. St., 23 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	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) 10/31/27

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	9	4	26	

OCCUPATION

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

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 August Hornacek

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

MOTHER

15. MAIDEN NAME Catherine Capkovic

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czechoslovakia

17. INFORMANT August Hornacek
(ADDRESS) 2751 Allen Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S. Peter & Paul DATE Mar. 30. 1937

19. UNDERTAKER W. C. Maydell
(ADDRESS) 1926 Allen Ave.

20. FILED MAR 29 1937 J. B. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 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 7½ P.m.

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

Date of onset

Haemorhage due to Laceration of Heart Cont. Subdural Haemorhage received in a collision between Fire Dept. Hook & Ladder Truck #1 driven by one Paul Martin and a Pontiac Sedan driven by one August Hornacek in which the deceased was riding at Nebraska and Hereford about 4:45 P.m. March 27-1937

Name of operation accident 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? Accident Date of injury 3/27, 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 Sea Below

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

If so, specify

(Signed) ....., M.D.

(Address)

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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