

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.

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **Bethesda Hospital**) St. _____ Ward _____
 File No. _____ Registered No. **3978**

2. FULL NAME Lawrence Hrdlicka

(a) Residence, No. **5036 Leona** St. **15** 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 8 1936**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
7 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) **St. Louis** (STATE OR COUNTRY) **MO**

FATHER 13. NAME **Charles Hrdlicka**

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

MOTHER 15. MAIDEN NAME **Mary Mickesch**

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

17. INFORMANT **Charles Hrdlicka** (ADDRESS) **5036 Leona**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S. S. Peter & Paul** DATE **April 15, 1937**

19. UNDERTAKER **Thos. Tutis** (ADDRESS) **2806 Gravois Ave.**

20. FILED **APR 14 1937** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/13 1937**

22. **4/1** HEREBY CERTIFY, That I attended deceased from **4/13**, 19**37**, to **4/13**, 19**37**

I last saw **him** alive on **4/13**, 19**37**. Death is said to have occurred on the date stated above, at **6:30 p.m.**

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

Acute Enteritis due to infection in diet Date of onset **4/9/37**

Other contributory causes of importance: **Cardiac failure no definite heart disease** 1 hr.

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) **W. K. ...** M.D.
 (Address) **2840 California**

