

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. City Hospital #1)

File No. 11646

Registered No. 4142

St. Ward)

2. FULL NAME Michael Spack

(a) Residence, No. 928 Rutger Str.

(Usual place of abode)

St. 23 Ward.

Length of residence in city or town where death occurred 42 yrs. 1 mos. 28 ds.

How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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)

Feb. 21, 1895

7. AGE

YEARS 42

MONTHS 1

DAYS 28

If LESS than 1 day, hrs. or min.

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

Salesman

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

Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (year) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

13. NAME Michael Spack

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

Czechoslovakia

15. MAIDEN NAME Mary Kovacic

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

Czechoslovakia

17. INFORMANT (ADDRESS)

John Bredeck
928 Rutger Str.

18. BURIAL, CREMATION, OR REMOVAL

PLACE S. S. Peter & Paul April 21, 37

19. UNDERTAKER (ADDRESS)

Wm. B. Myrdall
1926 Allen Ave.

20. FILED APR 20 1937

Regist. J. G. Bredeck

MEDICAL CERTIFICATE OF DEATH

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

4-29-37

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 5 p.m.

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

Acute Yellow atrophy of the liver

Date of onset

Other contributory causes of importance

Name of operation

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? 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) Alfred G. Terry, M.D.

(Address) Deputy Coroner

