MAY 7 1937

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

Do not use this space.

14951

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. 3416 Delor St. St. Ward)

File No. .....

Registered No. 4447

2. FULL NAME Daniel Galik

(a) Residence, No. 4618 Michigan Ave 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 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 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: Eva Galik

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May. 29, 1875

7. AGE: YEARS 61 MONTHS 10 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): Czechoslovakia

FATHER

13. NAME: Daniel Galik

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

MOTHER

15. MAIDEN NAME: Anna Zeman

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

17. INFORMANT (ADDRESS): Eva Galik 4618 Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Concordia DATE Apr. 30, 1937

19. UNDERTAKER (ADDRESS): Wm. C. Mayfell 1926 Allen Ave.

20. FILED APR 29 1937 19 J F Bredeck Registrar. 4/27/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-25/36, to 4-27 37

I last saw him alive on 4-23-37, 19 ..... Death is said to have occurred on the date stated above, at 3 P m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance: Arterio Sclerosis

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) Joseph L. Ferris, M. D.

(Address) 4209 Virginia Av

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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