

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No. **18059**

Township.....

Primary Registration District No. **1003**

Registered No. **4635**

City **St. Louis,** (No. **St. Anthonys Hospital**)

St. Ward)

2. FULL NAME **Peter Nemeč**

(a) Residence, No. **2310 Menard Str.** 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 **70** yrs. mos. ds.

How long in U. S., if of foreign birth **70** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 3, 1937**, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Barbara Nemeč**

22. I HEREBY CERTIFY, That I attended deceased from **April 25**, 1937, to **May 3**, 1937

I last saw him alive on **May 3**, 19... Death is said to have occurred on the date stated above, at **4.40 P.M.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1852**

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

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day,hrs. ormin.

about **85**

Unknown

Date of onset

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

Stone Mason

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)

Czechoslovakia

13. NAME

Peter Nemeč

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

Czechoslovakia

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Frank Nemeč 601 Filmore

18. BURIAL, CREMATION, OR REMOVAL

S.S. Peter & Paul

DATE **May 6, 1937,**

19. UNDERTAKER (ADDRESS)

W. C. Maydell 1926 Allen Ave.

20. FILED **MAY 6 1937**

St. Bredeck

Registrar.

Name of operation..... Date of.....

What test confirmed diagnosis? **Lab** 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) **Wm. F. B...** M. D.

(Address) **1841 S. 12th**

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.

90
2/4

