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

Do not use this space.

JUN 12 1937

18463

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 5039

City St. Louis (No. Fermin Deloge Hosp. St. 1 Ward)

C 2071

2. FULL NAME Nick Prelec

(a) Residence, No. 1648 North 65th St. East St. Louis, Ill. Ward 2
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. NR How long in U. S., if of foreign birth? 31 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: Mary Prelec

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 8, 1881

7. AGE: 55 YEARS, MONTHS: 8, DAYS: 10, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ry. Steel Spring Co.
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation: 23

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

FATHER

13. NAME: Evan Prelec
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER

15. MAIDEN NAME: Anna Shikoroya
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

17. INFORMANT (ADDRESS): John J. Kassly East St. Louis, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Carmel East St. Louis, Ill. DATE 5-20- 1937

19. UNDERTAKER (ADDRESS): John J. Kassly East St. Louis, Ill.

20. FILED MAY 18 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/18, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1937, to May 18, 1937

I last saw him alive on May 17, 1937. Death is said to have occurred on the date stated above, at 12:45 a.m.

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

Carcinoma of Larynx

Date of onset

Other contributory causes of importance: Pneumonia Bronchial

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

What test confirmed diagnosis? Pathologic 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? No

If so, specify .....

(Signed) W. E. Knighton, M. D.

(Address) 3720 Washington Blvd St. Louis

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.

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