

OCT 14 1937

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

32362

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(e) Length of residence in city or town where death occurred
C 8002

Registration District No.

Primary Registration District No.

791

1003

Registered No.

8416

(d) Street No. City Hospital No. 1

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Tony Radovan

(a) Residence, No.

3706 La Salle

St.

18

(Usual place of abode, if no street address, write county or city)

(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)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Katie Radovan

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

May 13, 1875

7. AGE

68
62

YEARS

MONTHS

3

DAYS

22

If LESS than 1

day, hrs.

or min.

OCCUPATION

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

nil

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

Austria

FATHER

13. NAME

Tony Radovan

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

Austria

MOTHER

15. MAIDEN NAME

Mary Stegleh

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

Austria

17. INFORMANT
(ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE Sept. 8, 193719. FUNERAL DIRECTOR
(ADDRESS)

J. C. Maydell

1926 Allen Ave.

20. SEP 7 1937

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Local Registrar.

(Address)

City Hospital No. 1

M. D.

(Signed)

J. A. Bawlin

M. D.

(Address)

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STATEMENT BY LICENSED EMBALMER

I, Mr. E. Inouye, Licensed Embalmer No. 1467
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Wm E. Maynard
Licensed Embalmer No. 1467

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.).