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.

Wwlw 357-9

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

OCT 14 1937

Do not use this space.

32424

1. PLACE OF DEATH

County

Township St, Louis

City Missouri, (No. 2828 N, Euclid ave, St. Ward)

Registration District No. 791

Primary Registration District No. 1003

File No.

Registered No. 8478

2. FULL NAME Mr. Antoine R. Dostal.

(a) Residence, No. 2828 No. Euclid Ave. St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 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: Mrs. Augustine Dostal.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July I 1852

7. AGE: 85 YEARS, MONTHS: 2, DAYS: 6. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Austria

FATHER

13. NAME: Antoine Dostal

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

MOTHER

15. MAIDEN NAME: don,t know

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

17. INFORMANT (ADDRESS): Mrs. Augustine Dostal. 2828 North Euclid Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE: Valhalla Crematory. DATE: 9-10 1937

19. UNDERTAKER (ADDRESS): Sullivan Bros. Und. Co. 2849 North Euclid Ave.

20. FILED: SEP 9 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 2nd, 1937, to Sept 7th, 1937

I last saw him alive on Sept 7th, 1937. 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:

Arterio Sclerosis unknown

Date of onset

97

Other contributory causes of importance: none

Name of operation: none Date of

What test confirmed diagnosis? usual Was there an autopsy? no

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. W. Tilbert, M. D.

(Address) 4103 Easton

#2930