

202-4 1937

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

32445  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791  
(b) Township ..... Primary Registration District No. 1000  
(c) City St. Louis (d) Street No. 3438 Michigan Ave. Registered No. 8499  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mathew M. Panek

(a) Residence, No. 3438 Michigan Ave. St. 16  
(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 Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Panek  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29th. 1869.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
68 0 11  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed (8 yrs)  
9. Industry or business in which work was done, as saw mill, bank, etc. Painter  
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) St. Louis, Mo.

FATHER 13. NAME Andrew Panek

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Lillie Panek  
(ADDRESS) 3438 Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Sept. 11th. 1937

19. FUNERAL DIRECTOR Wacker-Helderle  
(ADDRESS) 2331 S. Broadway

20. FILED SEP 10 1937 19 J. Bredack  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9th. 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1936, to Sept 8, 1937  
I last saw him alive on Sept 8, 1937 Death is said to have occurred on the date stated above, 12 A. m.  
The principal cause of death and related causes of importance were as follows:

Hemiplegia  
Resulting from cerebral hemorrhage  
7 yrs ago  
1  
Other contributory causes of importance: Bronchitis  
Date of onset

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? No  
If so, specify Harren Heyenga, M. D.  
6637 S. Kings Highway

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.

1-005

STATEMENT BY LICENSED EMBALMER

I, Frank J. Phylant, Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

2645 L. E.

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

Signed Frank J. Phylant  
Licensed Embalmer No. 2645

**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.)**