

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32739

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Alexian Bros. Hospital** Registered No. **8793**
 (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

John J. Slotik.
 (a) Residence, No. **2411 So. 11th, St.** St. **23**
 (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) **Widower**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Slotik**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **11/7/75**
 7. AGE YEARS **61** MONTHS **10** DAYS **12** If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
 9. Industry or business in which work was done, as saw mill, bank, etc. **common**
 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 **John Slotik**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Czechoslovakia**

15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Rev. John Hurcik**
 (ADDRESS) **1804 So 9th St.**

18. BURIAL, CREMATION, OR REMOVAL **New S. S. Peter & Paul** DATE **9/22/37**

19. FUNERAL DIRECTOR **W. C. Maydell**
 (ADDRESS) **1926 Allen, Ave.**

20. FILED **J. H. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/19/37** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **9-13** 19**37** to **9-19** 19**37**

I last saw him alive on **9-19** 19**37** Death is said to have occurred on the date stated above, at **4 p. m.**
 The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset

2

Other contributory causes of importance:

Chronic Nephritis

Name of operation **None** Date of
 What test confirmed diagnosis? **Chemical** 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**37**
 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) **Bernard Black** M. D.
 (Address) **3527 Osage St. St. Louis, Mo.**

SEP 24 1937

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM 1 X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Wm. G. Maydell, Licensed Embalmer No. 1467

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Wm. G. Maydell

..... L. E.

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

Signed Wm. G. Maydell

Licensed Embalmer No.

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.)