

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.

1937 14

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

33131
Do not use this space.

1. PLACE OF DEATH
 (a) County.....
 (b) Township.....
 (c) City..... St. Louis (d) Street No. 1911 Bremen Ave
 (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 Andrew Gaydos
 (a) Residence, No. 1911 Bremen Avenue St. 26
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

791
1008

Registered No. 9185

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 Agatha Gaydos
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
57 0 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 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
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary
 FATHER 13. NAME Andrew Gaydos
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary
 MOTHER 15. MAIDEN NAME not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary
 17. INFORMANT (ADDRESS) Agatha Gaydos
1911 Bremen Avenue
 18. BURIAL, CREMATION, OR REMOVAL PLACE Galvary DATE Oct 21 1937
 19. FUNERAL DIRECTOR (ADDRESS) Edward Hoch
3546 4 14th St
 20. FILED SEP 30 1937 J. Bredeck Local Registrar.

No Medical Certificate of Death
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/29 1937
 22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 8:4 m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Chronic Myocarditis
 Date of onset
 Other contributory causes of importance:
93C
 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..... See above
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) Joseph M. Zuercher M.D.
 (Address) 2024 1/2 Cornwell

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

..... 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.)