

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

35394  
Do not use this space.

**1. PLACE OF DEATH**

(a) County St. Louis Registration District No. 1170  
 (b) Township Jefferson Primary Registration District No. 6248-H Registered No. 203  
 (c) City Richmond Heights (d) Street No. St. Mary's Hospital St.  
 (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. 4 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 515 Stafford St. Washington, Mo. ☒ Washington, Mo.  
 (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 Frances Monzyk  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1, 1878  
 7. AGE YEARS 63 MONTHS 10 DAYS 16 If LESS than 1 day, hrs. min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith  
 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) 1935 11. Total time (years) spent in this occupation life  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Missouri  
 FATHER 13. NAME Peter Monzyk  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 MOTHER 15. MAIDEN NAME Susanna Pax  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT (ADDRESS) Mrs. Frances Monzyk Washington, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Sept 20, 37  
 19. FUNERAL DIRECTOR (ADDRESS) Wielburg & Vittelle Washington, Mo.  
 20. FILED Sept. 17, 1937 Sam A. Bassett, M.D. Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 17, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from 7-17-37, 1937, to 9-17-37, 1937.  
 I last saw him alive on 9-16, 1937. Death is said to have occurred on the date stated above, at 6:40 Am.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma c metastases to lungs, liver, kidney, spread to inguinal lymph nodes, suppurative of lymph nodes, necrosis wall of Stomach  
 Other contributory causes of importance: edema & hemorrhage  
Primary to Rectum  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes  
 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? \_\_\_\_\_  
 If so, specify no  
 (Signed) Oran J. DeBartolo M. D.  
 (Address) St. Mary's Hospital St. Louis

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.

46

Sara Bassett  
1250 Big Bear

STATEMENT BY LICENSED EMBALMER

I, Lester H. Vitt, Licensed Embalmer No. 3254

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

L. E.

No. 3254 or by Lester H. Vitt, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Lester H. Vitt  
Licensed Embalmer No. 3254

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.)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County St. Louis

Registration District No. 1170

(b) Township Richmond Hts

Primary Registration District No. 6248 H

(c) City Richmond Hts

(d) Street No. \_\_\_\_\_

(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

Theodore R. Mouzyk

(a) Residence, No. \_\_\_\_\_

St. ☐

(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

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

m

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

63

10

16

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 \_\_\_\_\_

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

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR  
(ADDRESS)

20. FILED

Sept. 17, 1937 Sam A. Bassett  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Sept 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Cerebrovascular - metastasis  
to lung, liver, kidney

Primary to rectum April

Other contributory causes of importance:

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?

If so, specify

(Signed)

(Address)

Oscar De Santis, M. D.  
11 Mary Hall, St. Louis

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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