

NOV 15 1937

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

35764  
Do not use this space.

791

1008

9341

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City ST LOUIS (d) Street No. 3933 MINNESOTA St. ....  
(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

(a) Residence, No. 3933 MINNESOTA St. 24 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE  
4. COLOR OR RACE WHITE  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1888, Sept 15  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 49 7 Unknown  
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) AUSTRIA

13. NAME GEORGE PANIKO

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

15. MAIDEN NAME EVA CERNA

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

17. INFORMANT Anna Paniko  
(ADDRESS) 3933 MINNESOTA

18. BURIAL, CREMATION, OR REMOVAL ACE, HOPE DATE Oct 7 1937

19. FUNERAL DIRECTOR W.C. Maydell  
(ADDRESS) 26 Allen

20. FILED OCT 6 1937 J.P. Bredeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 5 H m.

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

Patty Degeneration of Myocardium  
Adherent Pericarditis  
Other contributory causes of importance: 930  
Old healed Infarct of Myocardium

Name of operation ..... Date of operation .....

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 .....

(Signed) W.C. Maydell, M. D.

(Address) 26 Allen

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

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.

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STATEMENT BY LICENSED EMBALMER

I, Wm E Maydell, Licensed Embalmer No. 1467  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Wm E Maydell  
Licensed Embalmer No. 1467

**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.)**