

DEC 13 1937

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

39533
Do not use this space.

791 2

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis,** (d) Street No. **3721a Louisiana Ave.** Registered No. **10520**
 (If death occurred in Hospital or Institution, write its name instead of street and number) 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 **Josephine Kadlez**

(a) Residence, No. **3721a Louisiana 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 27, 1886.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
35 51 4 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**
 9. Industry or business in which work was done, as bank 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) **Missouri.**

13. NAME **Jacob Diehl.**

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

15. MAIDEN NAME **Sophia Hoch**

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

17. INFORMANT **Anton Kadlez**
 (ADDRESS) **3721a Louisiana Ave.**

18. BURIAL, CREMATION, OR REMOVAL **New SS. Peter & Paul** DATE **Nov. 15, 1937.**

19. FUNERAL DIRECTOR **J. H. Gutken & Co.**
 (ADDRESS) **2842 Meramec St.**

20. FILED **NOV 12 1937** **J. P. Brudeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 10** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **July 8, 1937** to **Nov 13, 1937**
 I last saw her alive on **Nov 10, 1937** Death is said to have occurred on the date stated above, at **6:15 P. m.**
 The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy
Arterio Sclerosis

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) **Edwin J. Hatt**, M. D.
 (Address) **3803 DoB Drive**

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, Herman A. Gebken....., Licensed Embalmer No. 2120

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

Herman A. Gebken

Licensed Embalmer No. 2120

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.)