JAN 10 1938

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

791½
1003

43519
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 11769

(c) City ST. LOUIS. MO. (d) Street No. 1418 N. 10 STR. 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANNA STACHELEK

(a) Residence, No. 1418 N. 10 STR. St. 25
(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 (*write the word*): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 20TH 1870

7. AGE: Years 67 | Months 5 | Days —1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME

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) POLAND

FATHER

13. NAME CHRISTIAN SKOPNIK

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

MOTHER

15. MAIDEN NAME ROZALIA SZTUKA

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

17. INFORMANT (ADDRESS) Stanley Stachelek 1418 N. 10th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE DEC 23RD 1937

19. FUNERAL DIRECTOR (ADDRESS) BROCKLAND UND. CO. 1827 HOGAN STR.

20. FILED DEC 22 1937 J. J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 21ST 1937

22. I HEREBY CERTIFY, that I attended deceased from June 15 1936 to Dec. 20 1937, that I last saw alive on Dec 20 1937. Death is said to have occurred on the date stated above, at 2:30 A. m.

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

	Date of onset
Arteriosclerosis	Several years
162	

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? No

If so, specify .....

(Signed) A. J. Kleyhamp, M. D.

(Address) 3834 Forest Park Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-36-37 1 X12804

STATEMENT BY LICENSED EMBALMER

I, John B. Brockland, Licensed Embalmer No. 93

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 John B. Brockland.

Licensed Embalmer No. 93

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.)