

FEB 12 1938

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

1242

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City St. Louis (d) Street No. 1915 Penn St. Registered No. **1098**  
 (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 William Linek 520

(a) Residence, No. 1915 Penn St. St. **23**  
 (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 Barbara Linek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. min.  
About 86 Unknown Unknown

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Gardener  
 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) Czecho-Slovakia 9

FATHER 13. NAME Michael Linek 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia 9

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Barbara Linek  
 (ADDRESS) 1915 Penn St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old SS. Peter & Paul Jan. 31 1938

19. FUNERAL DIRECTOR (ADDRESS) Thos. Magdall 1926 Allen Ave.

20. FILED JAN 29 1938 J. J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1938 to Jan 28 1938  
 I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 12:20 a  
 The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis  
Chronic myocarditis

Date of onset  
Jan 25 1938

Other contributory causes of importance:  
Chronic myocarditis

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) F. H. Kelly M. D.  
 (Address) 3206 Lafayette St.

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.

**STATEMENT BY LICENSED EMBALMER**

I, Wm. C. Moydell, 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. C. Moydell*

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.)**