

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.

REC'D MAR 14 1938

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

Do not use this space.

5016

1. PLACE OF DEATH

County..... Registration District No. **1003**  
Township..... Primary Registration District No. **291**  
City St. Louis (No. 1221 Allen Market Lane) St. 23 (Ward)

2. FULL NAME

Louisa Macalik **242**  
(a) Residence, No. 1221 Allen Market Lane Ward. 23  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1894  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
About 44 Unknown Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, 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) Czecho-Slovakia

MOTHER FATHER 13. NAME Dominic Simek

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

MOTHER 15. MAIDEN NAME Frances Rokonik

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

17. INFORMANT (ADDRESS) Charles Macalik  
1221 Allen Market Lane

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul Cem. Feb. 16 1938

19. UNDERTAKER (ADDRESS) W. B. Mayall  
1926 Allen Ave.

20. FILED FEB 16 1938 J. D. Bredsch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13 1938

22. I HEREBY CERTIFY, That I attended deceased from January 1937 to Feb. 13, 1938  
I last saw her alive on February 13, 1938 Death is said to have occurred on the date stated above, at 7:30 m.  
The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis Date of onset 1/13/38

Other contributory causes of importance:  
Ch. Intestinal Infection  
Ch. Myocarditis  
Ch. Endocarditis 1937

Name of operation none Date of none

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury none, 1938

Where did injury occur? none  
(Specify city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) W. B. Mayall M. D.  
(Address) 2767 Kearsley Ave.

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.

Signed.

Wm C Moydell

Licensed Embalmer No. \_\_\_\_\_