

REC'D MAR 14 1938

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

Do not use this space.

5118

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 1048 Geyer Ave. No. 1763 St. Ward)

File No.

Registered No.

1763

2. FULL NAME Joseph Horak 620

(a) Residence, No. 1048 Geyer Ave. St. 23 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1910

7. AGE

YEARS 27

MONTHS 7

DAYS 17

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Shoe worker

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) Texas

MOTHER FATHER

13. NAME Anton Horak

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

15. MAIDEN NAME

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

17. INFORMANT Anton Horak (ADDRESS) 1048 Geyer Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE SS. Peter & Paul DATE Feb. 21, 1938

19. UNDERTAKER (ADDRESS) Frank Maydell 1926 Allen Ave.

20. FILED

19

Registrar J. F. Bredek

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1938

I HEREBY CERTIFY, THAT I attended deceased from February 10th 1938 to February 17th 1938I last saw him alive on Feb. 17th 1938. Death is said to have occurred on the date stated above, at 7:00 a.m. 1938

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

Influenza and large vessel tuberculosis

Date of onset

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)

(Address)

D. Robert Greider, M. D.

2124 Russell Ave
St. Louis Mo

FEB 19 1938

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I, Wm. C. Moydell, Licensed Embalmer No. 1467

hereby certify that the person described on the reverse side of
this certificate was embalmed by me.

Signed Wm. C. Moydell

Embalmers' License No. 1467