

BEGUN MAR 24 1938

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

8102  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis 9 Registration District No. 784

(b) Township Clayton 1 Primary Registration District No. 101 Registered No. 987

(c) City Clayton (d) Street No. Lemay to Co. Hwy. 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 Lawrence Drbousek 612

(a) Residence, No. 6006 Leona Ave. St.  (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 28 0 0

OCCUPATION

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

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

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) St. Louis 0 210M

FATHER

13. NAME Stephen Drbousek 7 25

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

MOTHER

15. MAIDEN NAME Anna Kalal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Stephen Drbousek (ADDRESS) 6006 Leona Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE SS. Peter & Paul DATE March 16, 1938

19. FUNERAL DIRECTOR Tom C. Maydell (ADDRESS) 1926 Allen Ave.

20. FILED 3-14, 19 38 S. R. Meyer M.D. M.P.N. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:30 am. The principal cause of death and related causes of importance were as follows:

Automobile accident.  
While riding as a passenger in a motor automobile on 2/13 on a public highway which left the highway & plunged down into a ditch.

Other contributory causes of importance:  
Ruptured heart, with abdominal hemorrhage.  
Multiple fractures of ribs (R1, 4, 7, 10).

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? PHYSICAL EXAM. Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ACCIDENT Date of injury 2/13, 1938

Where did injury occur? LEMAY, Mo. (Specify city or town, county, and State)

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

Manner of injury Auto PLUNGED DOWN DITCH.

Nature of injury Ruptured heart.

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

If so, specify \_\_\_\_\_ (Signed) John O'Connell M. D.

(Address) Coroner St. Louis County

(Licensed Embalmer's Statement on Reverse Side)

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

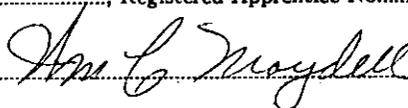
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed



Licensed Embalmer No. 1467

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**