

REC'D APR 11 1938

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

9013

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis, Mo. (d) Street No. 2701 Armand Pl. Registration District No. 791
 (If death occurred in Hospital or Institution, write its name instead of street and number) Primary Registration District No. 1008
 (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.

Registered No. 26022. PRINT FULL NAME Alois A. Novak 120

(a) Residence, No. 2701 Armand Pl. 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 Bozena Novak

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. min.
About 67 Unknown Unknown

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Printer
 9. Industry or business in which work was done, as 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-Slovakia13. NAME Frank Novak14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Bozena Novak
(ADDRESS) 2701 Armand Pl.18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Park DATE Mar. 18 193819. FUNERAL DIRECTOR Moydell Und. Co.
(ADDRESS) 1926 Allen Ave.20. FILED MAR 18 1938
J. H. Bredek
Local Registry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 193822. I HEREBY CERTIFY, That I attended deceased from March 13 1938 to March 16 1938I last saw him alive on March 16 1938 Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Hypostatic Pneumonia
Lobar
 Date of onset 1/16

Other contributory causes of importance:

Ch. Myocarditis
Ch. Endocarditis
Ch. Infective Endocarditis 1937

Name of operation none Date of no
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? none Date of injury no, 19...
 Where did injury occur? none
 (Specify city or town, county, and State)

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

Manner of injury none
Nature of injury none24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no
 (Signed) J. H. Bredek M. D.
 (Address) 2767 Grassie St.

(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.

FORM 7-26-37
I X12004

STATEMENT BY LICENSED EMBALMER

I, W. B. Myrdall, 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 W. B. Myrdall

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.)