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 APR 11 1938

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

Do not use this space. 9234

Registration District No. 1003 791

Primary Registration District No.

Registered No. 2823

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St. Louis - Mo. (d) Street No. 5005. Kingshighway St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. 57 How long in U. S. If of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Pavelec 142

(a) Residence, No. 8617 Kendale Dr. - Co. St. N.R. CARSONVILLE STL. CO.
(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: M

4. COLOR OR RACE: wh.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-24-34

7. AGE: Years 3 | Months 4 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): St. Louis Co. Mo.

FATHER

13. NAME: Charles J. Pavelec

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

MOTHER

15. MAIDEN NAME: Marie Amann

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

17. INFORMANT (ADDRESS): M. E. Matthews.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Valhalla Cemetery DATE March 26, 1938

19. FUNERAL DIRECTOR (ADDRESS): Wm. M. Schumacher 4834 Natural Bridge

20. FILED MAR 25 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1931, to 3-23, 1938

I last saw him alive on 3-23, 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

	Date of onset
Chronic Nephritis	11-1-37
Pneumococcic Septicemia	3-21-38
Pneumococcic Peritonitis	3-21-38

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Other contributory causes of importance: Hypertension

Name of operation Date of

What test confirmed diagnosis? Lab. & clinical Autopsy Was there an autopsy? yes

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) Ralph N. Barlow, M. D.

(Address) 500 S. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

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