

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

REC'D MAY 10 1938

13030
Do not use this space.

1. PLACE OF DEATH
 (a) County.....
 (b) Township.....
 (c) City..... **St. Louis**
 (d) Street No..... **1609 So. 11th.**
 (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. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Frank Rehak 200**
 (a) Residence, No. **1609 So. 11th.** 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) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna Rehak**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Abt. 1870**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
Abt. 68 Unknown

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Shoe maker**
 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 7**

FATHER
 13. NAME **Unknown 9**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown 9**

MOTHER
 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Julia Kaluza 1607 So. 11th. St.**

18. BURIAL, CREMATION, OR REMOVAL **New St. Peter & Paul DATE 4/21/38**

19. FUNERAL DIRECTOR (ADDRESS) **Wm. C. Moydell 1926 Allen**

20. **APR 19 1938** **J. P. Bredbeck Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/18/38**

22. I HEREBY CERTIFY, That I attended deceased from **March 8, 1938 to April 15, 1938**
 I last saw him alive on **April 15, 1938** Death is said to have occurred on the date stated above, at **10-15**. A
 The principal cause of death and related causes of importance were as follows:
Carcinoma of esophagus Date of onset **6 mo**

Other contributory causes of importance: **Ho**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **no**

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) **A. G. Tiner** M. D.
 (Address) **2540 1/2 Jefferson Ave.**

(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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Wm. G. Moyall, Licensed Embalmer No. 1467
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 Wm. G. Moyall
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.)