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 JUN 9 1938

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

791

17034
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 4895
(c) City St. Louis (d) Street No. 2927 Indiana, Ave. 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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Katherine Neidel 340
(a) Residence, No. 2927 Indiana, Ave. St. 24
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George Neidel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Abt. 1860
7. AGE: YEARS Abt. 78 | MONTHS Unknown | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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-Slovakia 7

FATHER
13. NAME: William Sedlak 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Czecho-Slovakia 7

MOTHER
15. MAIDEN NAME: Rose Vavruska
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Czecho-Slovakia

17. INFORMANT (ADDRESS): Anna Furniss, 2927 Indiana, Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE S. S. Peter & Paul DATE 5/28/38 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wm. C. Moydell, 1926 Allen, Ave.
20. FILED MAY 27 1938 J. D. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/25/38 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1937, to May 25, 1938
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	May 24/38
Chronic Myocarditis	about Nov 15

Other contributory causes of importance:
Arteriosclerosis about Nov 15

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) [signature], M. D.
(Address) 3014 S. Jefferson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Wm. B. Moydell

Licensed Embalmer No. 1467

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.