

REC'D OCT 12 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
30849  
Do not use this space.

## 1. PLACE OF DEATH

 (a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003** Registered No. **8286**  
 (c) City **St. Louis, Missouri,** (d) Street No. **2220 S. 18th Street** 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

**Frank Matousek**  
 (a) Residence, No. **2220 S. 18th Street** 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

## MEDICAL CERTIFICATE OF DEATH

 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 **Frances Matousek**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1875**
 7. AGE YEARS **63** MONTHS **Unknown** DAYS **Unknown** If LESS than 1 day, ..... hrs or ..... min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**

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**

 FATHER 13. NAME **George Matousek**

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

 MOTHER 15. MAIDEN NAME **Anna (Unknown)**

 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Czecko-Slovakia**

 17. INFORMANT **Frances Matousek** (ADDRESS) **2220 S. 18th Street**

 18. BURIAL, CREMATION, OR REMOVAL **New S. S. Peter & Paul** DATE **Sept. 23, 38**

 19. FUNERAL DIRECTOR (NAME) **William C. Moydell** (ADDRESS) **1926 Allen Avenue**

 20. FILED **SEP 21 1938** **J. P. Bredek** Local Registrar.
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 20th 1938**
 22. I HEREBY CERTIFY, That I attended deceased from **Aug 26**, 19**38**, to **Sept. 20**, 19**38**  
 I last saw him alive on **Sept 20**, 19**38**. 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:

**Chronic myocarditis & edema of extremities**

Date of onset

Other contributory causes of importance:

**Chronic arteriosclerosis**Name of operation **none** Date ofWhat test confirmed diagnosis? **P.E.** 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**38**
 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) **W. J. H. H. H.** M. D.(Address) **1040 E. 11th St.**

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

*Benj. L. Duncan*

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen Ave*

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.)

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