

Every record 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.

DEC 12 1938

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

37625
 Do not use this space.

1. PLACE OF DEATH

(a) County..... / Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **1008** Registered No. **9952**
 (e) Length of residence in city or town where death occurred **40** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **40** yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **1812 A Allen Ave** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William Dedourek**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
About 60 Unknown

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**
 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) **Czechoslovakia**

FATHER 13. NAME **John Sloop**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Czechoslovakia**

MOTHER 15. MAIDEN NAME **Christina Smid**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Czechoslovakia**

17. INFORMANT **Anna Dedourek**
 (ADDRESS) **1812 A Allen Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sun Set Park** DATE **Nov. 19, 1938**

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

20. F. **NOV 18 1938** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 17th**, 19**38**

22. I HEREBY CERTIFY, That I attended, deceased from **Nov. 11th**, 19**38**, to **Nov. 17th**, 19**38**
 I last saw her alive on **Nov. 17th**, 19**38**. Death is said to have occurred on the date stated above, at **9:50 a.m.**
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset **Nov. 11/38**
Acute Endocarditis **Nov. 7/38**

Other contributory causes of importance:

Name of operation **none** Date of.....
 What test confirmed diagnosis? **Lob** 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 **Chas. F. Nienke** M. D.
 (Signed) **Chas. F. Nienke**
 (Address) **900 Russell Bldg.**

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

Bert L. Duncan

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen St.*

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.