

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 FEB 10 1939

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

791
1003

454
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis, Mo. (d) Street No. 2624 Arsenal St. 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

(a) Residence, No. 2624 Arsenal St. St. 24 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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 Marik

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 11 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cigar Maker
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 Anthony Marik

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

MOTHER 15. MAIDEN NAME Josephine Kohout

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

17. INFORMANT (ADDRESS) Frances Marik
2624 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New SS. Peter & Paul Jan. 14 1939

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

20. FILED J. F. Bruch Local Registrar.
JAN 14 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 11th 1939

22. I HEREBY CERTIFY, That I attended deceased from JAN 3rd 1939 to JAN 11th 1939
I last saw him alive on JAN 10th 1939 Death is said to have occurred on the date stated above, at 7:15 am.
The principal cause of death and related causes of importance were as follows:

Chronic Hypertensive Heart disease.
arterial Regurgitation
Other contributory causes of importance:
cirrhosis of liver

Date of onset
1/3/39
1/3/39
7/1/39

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical 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?
If so, specify.....
(Signed) William F. McNamee M. D.
(Address) 6923 Virginia Ave

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. C. Duncan

Licensed Embalmer No. 3222

P. O. Address 1926 Allen

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.