

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.

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

971
Do not use this space
971

REC'D FEB 10 1939

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis.
 (d) Street No. Missouri Pacific Hospital 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 MARTIN VALENCIK

(a) Residence, No. 1730 Preston Pl. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
About 54 Unknown —

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. R.R. Yards

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

13. NAME George Valencik

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

15. MAIDEN NAME Katherine Bodfy

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

17. INFORMANT Anna Valencik
 (ADDRESS) 1730 Preston Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia DATE Feb. 1, 1939

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

20. FILED JAN 31 1939 J. F. Brudek
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 31 1939

22. I HEREBY CERTIFY, That I attended deceased from JAN. 16 1939 to JAN 31 1939
 I last saw him alive on JAN. 31 1939. Death is said to have occurred on the date stated above, at 2:50 p.m.
 The principal cause of death and related causes of importance were as follows:
CARCINOMA OF STOMACH WITH METASTASIS. Date of onset 1937

Other contributory causes of importance Hypertension

Name of operation gastroenterostomy Date of Oct 1937
 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) John T. Vandover M. D.
 (Address) Missouri Pacific Hospital

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
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

Ben C. Duncan

Licensed Embalmer No. 2272

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.)