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.

FILED APR 12 1939

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

9100
Do not use this space.

1. PLACE OF DEATH

(a) County 2 — Registration District No. 791 1003 — Registered No. 2865

(b) Township — Primary Registration District No.

(c) City or Town St. Louis Mo. 1 — (d) Street No. 2855 Sidney 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 William J. Masek

(a) Residence, No. 2855 Sidney St. St. 23 (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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mary Masek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1852

7. AGE — YEARS: About 87 — MONTHS: — DAYS: — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as saw mill, bank, etc.: Retired.
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): Bohemia

FATHER

13. NAME: Joseph Masek
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

17. INFORMANT: Bertha Masek
(ADDRESS) 2855 Sidney St

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S.Peter & Paul DATE March 29 1939

19. FUNERAL DIRECTOR (NAME) Theodutis
(ADDRESS) 2906 Gravois Ave.

20. FILED MAR 27 1939 J. B. Budesch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1937 to March 25 1939
Last saw h... alive on March 25 1939 Death is said to have occurred on the date stated above, at 9:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Prostatic	14 mo.
Other contributory causes of importance: Hepatic Malig.	14 mo

Name of operation: Prostatectomy Date of: 8-9-38
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? No
If so, specify
(Signed) [illegible] M. D.
(Address) 3544 [illegible]

(Licensed Embalmer's Statement on Reverse Side)

Ramgarbo
Lost & Grass

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

Signed Thos Kutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

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

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