

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

0830 JUL 12 1939

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1008

20126

Do not use this space.

Registered No. 4970

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. BARNES 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

(a) Residence, No. 270 DENY MACHA
STAR ROUTE St. TR De Soto Mo.
(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 Frances Macha

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/3/90

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 0 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as saw mill, bank, etc. Lead
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 7

FATHER 13. NAME Thomas Macha 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czechoslovakia 9

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Frances Macha
DeSoto Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE 6/3/39

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

20. FILED J. B. Buehler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/31/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 1939, to 5-31, 1939

I last saw him alive on 5-31, 1939. Death is said to have occurred on the date stated above, at 9:10 A. m.

The principal cause of death and related causes of importance were as follows:

CARCINOMA OF STOMACH

Date of onset Feb. 39.

Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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? 1

If so, specify H. H. Hefner, M. D.

(Signed) H. H. Hefner, M. D.

(Address) BARNES HOSPITAL

JUN 1 1939

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.

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

Licensee Embalmer No. *8272*

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.