DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38410

30 DEC 13 1939

Registration District No. 791

Primary Registration District No.

Registrar's No. 10249

1. PLACE OF DEATH: 1003

(a) County 1

(b) City or town St. Louis, Mo. 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 mo. 24 days (Specify whether
In this community 28 yrs.
years, months or days)

633

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal X
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Unknown years.

3. (a) PRINT FULL NAME Matt Hradecky (Mathias)

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Div.

6. (b) Name of husband or wife Mary ????

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Unknown (Month) Unknown (Day) 1880 (Year)

8. AGE: Years About 59 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Unknown (City, town, or county) Austria (State or foreign country)

10. Usual occupation Laborer 7

11. Industry or business Unknown

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown 1
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature J. H. Sullivan
(b) Address 5800 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1-39 (Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director Thos Kutis
(b) Address 2906 Gravois Ave.

19. (a) NOV 30 1939 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1939 hour 1:50 minute A. M.

21. I hereby certify that I attended the deceased from January 5, 1939 to Nov. 29, 1939
that I last saw him alive on Nov. 29, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Degenerative Heart Disease	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence None
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1
(Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. S. Bozalis M.D. (M. D. or other) 1
Address 5600 Arsenal St. Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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 Little, Registered Apprentice No.

working under my personal supervision.

Signed Thos Little

Licensed Embalmer No. 1619

P. O. Address 296 Grove 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.