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

Do not use this space.

3452

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1088

City St Louis (No. 2817 Knox St. ..... Ward)

2. FULL NAME Frank Svetlik

(a) Residence. No. 2817 Knox St., 3 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? 40 yrs. mos. ds.

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: Sophia Svetlik

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 21 - 1871

7. AGE: Years 56; Months; Days 5; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Brewery Worker
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Europe

PARENTS
10. NAME OF FATHER: Joseph Svetlik
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Europe
12. MAIDEN NAME OF MOTHER: Mathew
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mathew

14. INFORMANT: Sophia Svetlik
(Address) 2817 Knox

15. FILED JAN 31 1927, 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 26 1927

17. I HEREBY CERTIFY, That I attended deceased from October 14, 1926 to January 26, 1927 that I last saw him alive on January 26, 1927, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Esophagus
HCB
(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Ulcer of Esophagus
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray

(Signed) B Julius Ch Rotter, M. D
, 19 (Address) 2603 Chapel St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Picker
DATE OF BURIAL: Jan 31 1927

20. UNDERTAKER: W C Mondell
ADDRESS: 1926 Allen

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.

2603 C Lurkie St