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

Do not use this space.

JUL 12 1935

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 21503

Township ..... Primary Registration District No. 1003 Registered No. 5461

City St Louis (No. 500 S Kingshighway Childrens Hosp. Ward)

2. FULL NAME Joseph Tomek Jr.

(a) Residence, No. ..... St., N.R. Ward. Hawk Point, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/3/34

7. AGE YEARS 1 MONTHS — DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

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) St. Charles Mo.

FATHER

13. NAME Joseph Tomek

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hawk Point Mo.

MOTHER

15. MAIDEN NAME Alice Bishop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Florence Mo.

17. INFORMANT (ADDRESS) T. Westhoff 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Hawk Point Mo. DATE 6/26 1935

19. UNDERTAKER (ADDRESS) Albert H. Hoppe 429 N. Euclid.

20. FILED JUN 25 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:30 P.m.

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

	Date of onset
Third degree Burn of shoulders	5/10/35
& body followed by Erysipelas	5/20/35
and Septicemia	6/5/35
Retroperitoneal abcess caused	6/24/35
when child pulled pan of hot milk	

Other contributory causes of importance:

off stove (at residence) over his body.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/10, 1935

Where did injury occur? Hawk Point, Lincoln Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Kitchen of Residense

Manner of injury Burns from hot Milk

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) [signature], M. D.

(Address) [signature]

6/24/35

100M-11-24-33