

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

Do not use this space.

MAY 7 1937

14281

1. PLACE OF DEATH

County.....
Township.....
City St. Louis,

Registration District No. 791
Primary Registration District No. 1000
(No. 2707, Shenandoah)

File No.....
Registered No. 3777
St. Ward)

2. FULL NAME Frank Novak

(a) Residence, No. 2707 Shenandoah St. 23 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 80 yrs. mos. ds. (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 Anna Novak

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>31</u>	<u>70</u>	<u>6</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common
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

13. NAME Michael Novak

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Anna Novak
2707 Shenandoah Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker DATE April, 8, 1937

19. UNDERTAKER (ADDRESS) Wm. G. Moyall
1926 Allen Ave.

20. FILED APR 8 1937 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24th, 1937, to Apr. 6th, 1937

I last saw him alive on Apr. 6th, 1937. Death is said to have occurred on the date stated above, at 4 A.M.

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

Chronic Myocarditis
1931
Chronic Interstitial Nephritis

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Urinalysis. Was there an autopsy? Yes

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? Yes
If so, specify.....
(Signed) Olaf F. Henke, M. D.
(Address) 900 Russell Bldg.

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.

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31

