

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

43532  
Do not use this space.

**JAN 10 1938**

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1008**  
 (c) City **St. Louis,** (d) Street No. **5435 Nottingham Ave.** Registered No. **11782**  
 (e) Length of residence in city or town where death occurred **62** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

**John Stis**  
 (a) Residence, No. **5435 Nottingham Ave** St. **14**  
 (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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna Stis**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1875**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
**About 62 Unknown**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Machinist**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **62**  
 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. Louis, Mo.**

FATHER 13. NAME **John Stis**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Mr Jack Hayes**  
**5435 Nottingham Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Picker** DATE **Dec. 24 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Wm B. Myrdell**  
**1926 Allen Ave.**

20. FILED **DEC 23 1937** **J. F. Brebeck**  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 22, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 10, 1935**, to **December 21, 1937**.  
 I last saw him alive on **December 21, 1937**. Death is said to have occurred on the date stated above, at **2 A.M.**

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

**Adeno carcinoma of thyroid with metastasis**

Date of onset **April 1935**

Other contributory causes of importance:

Name of operation **Medical neck dissection** Date of **Sept 1935**  
 What test confirmed diagnosis? **Biopsy** Was there an autopsy? **N.O.**

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? **N.O.**  
 If so, specify.....  
 (Signed) **James R. Gluswick, M. D.**  
 (Address) **2608 S. Kingshighway**

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.

STATEMENT BY LICENSED EMBALMER

I, W. B. Moyall, Licensed Embalmer No. 1467

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

I, E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed W. B. Moyall  
Licensed Embalmer No. 1467

**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.)**