

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

357  
Do not use this space.

**FEB 12 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. **City Hospital** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred **30** yrs. **4** mos. **15** ds. (f) How long in U. S., if of foreign birth? **35** yrs. **4** mos. **15** ds.

2. PRINT FULL NAME **Joseph Vlicki 420**  
 (a) Residence, No. **1208 Benton St** St. **26** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>September 22, 1882</b>		
7. AGE	YEARS <b>55</b>	MONTHS <b>3</b>
	DAYS <b>13</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Laborer</b>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>Glass works</b>	
	10. Date deceased last worked at this occupation (month and year) <b>July 19, 37</b>	
	11. Total time (years) spent in this occupation <b>20 yrs</b>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lithuania**

FATHER 13. NAME **Adam Vlicki**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lithuania**

MOTHER 15. MAIDEN NAME **Agnes (unknown)**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Lithuania**

17. INFORMANT (ADDRESS) **Equilge Grigas, St. Louis, MO.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Jan 8, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Grassy and Co., East St. Louis, MO.**

20. FILED **JAN 7 1938** **J. F. Briedeck** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 5, 1938**

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

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **10:15 p.m.**

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

**Primary**

**Laborer**

**Laborer**

**Primary**

Other contributory causes of importance:

**108**

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?  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?  
 If so, specify **Yes**  
 (Signed) **Joseph M. Grigas** M.D.  
 (Address) **St. Louis, MO.**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3633

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

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed L.R. Cooper  
Licensed Embalmer No. 3633

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**