

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.

REC'D JUN 9 1938

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

16394
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Mo. Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003 Registered No. 4255
 (c) City St. Louis, Mo. (d) Street No. 1301 Geyer Ave. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mathilda Herzlik 624

(a) Residence, No. 1301 Geyer Ave. St. 23 (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 Female 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 John Herzlik
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
About 72 Unknown
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Czechoslovakia 7

FATHER 13. NAME William Svoboda 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czechoslovakia 9

MOTHER 15. MAIDEN NAME Unknown 1

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

17. INFORMANT John Herzlik (ADDRESS) 4716 Eichelberger

18. BURIAL, CREMATION, OR REMOVAL New Picker DATE May 9, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. C. Moydell 1926 Allen Ave.

20. FILED MAY - 9 1938 J. F. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1937 to May 5 1938
 I last saw her alive on May 4 1938. Death is said to have occurred on the date stated above, at 10 A.M.
 The principal cause of death and related causes of importance were as follows:

Aortic Regurgitation (acute Dilation Heart) Date of onset May 1 38
Arteriosclerosis known

Other contributory causes of importance: None
 Name of operation None Date of no
 What test confirmed diagnosis? Heart numbers Was there an autopsy? no

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? no
 If so, specify
 (Signed) W. S. Sisk M. D.
 (Address) 3858 - Lafayette

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by *me*

Registered Apprentice No....., working under my personal supervision.

Signed *W. B. Snoydell*

Licensed Embalmer No. *1467*

P. O. Address *1926 Allen*

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.)

If this body is not embalmed, above space should be left blank.