

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 JUL 7 1938

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

22875
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Clayton Primary Registration District No. 101 Registered No. 1003
 (c) City Clayton (d) Street No. St. Louis County 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Otto Wanek
 (a) Residence, No. 4406 Alaska St. (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 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 Katherine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 7 0

OCCUPATION
 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. Ornamental iron
 10. Date deceased last worked at Worker. Total time (years) spent in this occupation 10 yrs

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria
 13. NAME Alois Wanek
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT Robert Wanek
 (ADDRESS) 4406 Alaska

18. BURIAL, CREMATION, OR REMOVAL PLACE SUNSET BURIAL DATE 6-11

19. FUNERAL DIRECTOR J. L. Ziegenhein & Sons
 (ADDRESS) 7027 Gravois Ave

20. FILED JUN 10 1938 J. K. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 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 9:13AM
 The principal cause of death and related causes of importance were as follows:
Automobile Collision.
While riding as a passenger in a private automobile which collided with a commercial auto-truck on a public highway.
 Other contributory causes of importance: 6/8 1938
Fracture of the Skull.
6/8/38

Name of operation none Date of _____
 What test confirmed diagnosis Clinical yes yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide accident Date of injury 6/8/38
 Where did injury occur? Gardenville, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Place
 Manner of injury Auto collision.
 Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify John O. Howell M. D.
 (Signed) CORNER OF ST. LOUIS COUNTY, MO.
 (Address)

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clarence P. Kidwell
Licensed Embalmer No. 3877

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.)