

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.

DECEMBER 25 1938

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

32826
Do not use this space.

1. PLACE OF DEATH

(a) County MONROE Registration District No. 582
 (b) Township PARIS Primary Registration District No. 4344 Registered No. 32
 (c) City PARIS (d) Street No. N. MAIN St.
 (e) Length of residence in city or town where death occurred 73 yrs. 3 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. PARIS, MO. St. (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) SINGLE
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 3RD 1865
 7. AGE YEARS 73 MONTHS 3 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETAIL GROCERY
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) SEPT. 1938 11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PARIS MO.

FATHER 13. NAME HENRY SLADEK 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MERIONITZ BOHEMIA.

MOTHER 15. MAIDEN NAME LOUISA MARGREITER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known BOHEMIA.

17. INFORMANT (ADDRESS) ED SLADEK PARIS, MO.
 18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE SEPT. 21, 38
 19. FUNERAL DIRECTOR (ADDRESS) SPEED & BLAKEY PARIS, MO.
 20. FILED 9-20-38 H. C. Paule Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 19, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937 to Sept 19, 1938
 I last saw him alive on Sept 18, 1938 Death is said to have occurred on the date stated above, at 8:00 P. M.
 The principal cause of death and related causes of importance were as follows:
Myocardia Gravis Date of onset Oct 1, 1937
Prudely asphyxia
myocardial infarction
select statum
 Other contributory causes of importance: major blood vessels
150 lb

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical signs 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) H. C. Paule, M. D.
 514 (Address) PARIS, MO.

RECEIVED

District Health Officer No. 10

District File Number 10-38-301

Date Filed 10-8-38

STATEMENT BY LICENSED EMBALMER

I, A. G. BLAKEY, Licensed Embalmer No. 2616

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

A. G. Blakey

Licensed Embalmer No. 2616

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.)