CEGE NOV 16 1938

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

33790
Do not use this space.

791
1003

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 8776
(c) City St. Louis (d) Street No. City Hospitsl No.1 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? 56 yrs. mos. ds.

D. 8947 113

2. PRINT FULL NAME John Svoboda
(a) Residence, No. 1709 Geyer St. 23
(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1863

7. AGE YEARS 75 MONTHS Unknown DAYS If LESS than 1 day, ... hrs. or ..... min.

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. nil
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) Czechoslavia 7

FATHER
13. NAME John 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 (ADDRESS) Hosp. Info M.Kent City Hospital

18. BURIAL, CREMATION, OR REMOVAL
Old PLACE S.S.Peter & Paul DATE Oct.8,1938

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

20. FILED OCT 7 1938 J.H. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/5/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/19/38, 19..., to 10/5/38, 19...
I last saw him alive on 10/5/38, 19... Death is said to have occurred on the date stated above, at 9.30 p.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Left Kidney c̄ Uremia

51

Date of onset 2 yrs (?)

Other contributory causes of importance:
Chronic Myocarditis

Name of operation none Date of —
What test confirmed diagnosis? Cystoscopy 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? .....
If so, specify .....
(Signed) L. V. Mulligan, M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

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

....., or by .....

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

Signed Benj. C. Duncan

Licensed Embalmer, No. 2272

P. O. Address.....

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

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