

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

33980  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003  
(b) Township ..... Primary Registration District No. 1003  
(c) City St. Louis ..... (d) Street No. City Hospital 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

D. 94 86 Anthony Woracek  
2. PRINT FULL NAME 622  
(a) Residence, No. 4973 Nagel St. 2  
(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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Woracek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
65 11 16

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. Brewer Worker  
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) St. Louis, Missouri

FATHER  
13. NAME Frank Woracek 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia 7

MOTHER  
15. MAIDEN NAME unknown 7

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

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul DATE Oct 15 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) 2906 Gravois Ave. St. Louis  
Thos. Kulis

20. FILED OCT 14 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/11/38 19

22. I HEREBY CERTIFY, That I attended deceased from 9/28/38 to 10/11/38, 19...  
I last saw him alive on 10/11/38, 19... Death is said to have occurred on the date stated above, at 8 p.m.  
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia  
JJC  
Date of onset  
Other contributory causes of importance:  
Generalized arteriosclerosis  
Multiple cerebral softening

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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) Edward Wern, M.D.  
(Address) City Hospital No. 1

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

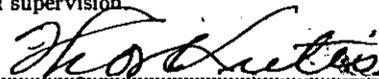
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

THOS. KUTIS.

or by .....

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

Signed.....



Licensed Embalmer No. 1619

P. O. Address 2906 GRAVOIS AVE.

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.