1938 DEC 2 1938

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

37368
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 9695
(c) City St Louis, Mo (d) Street No. Mo Pacific 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 NICK JACKANICZ
(a) Residence, No. 1207 Morrison AV St. 22
(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 MARIE JACKANICZ

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

7. AGE: Abt YEARS 70 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. Oiler
9. Industry or business in which work was done, as saw mill, bank, etc. Rail Road
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

FATHER
13. NAME (Unknown) Jackanicz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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

17. INFORMANT (ADDRESS) Paul Jackanicz 1420 S. 13th Street

18. BURIAL, CREMATION, OR REMOVAL
OLD PLACE S.S. Peter & Paul DATE November 11, 1938

19. FUNERAL DIRECTOR (NAME) William C. Moydell (ADDRESS) 1926 Allen Avenue

20. FILED NOV 9 1938 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1938, to Nov 8, 1938
I last saw him alive on Nov 8, 1938. Death is said to have occurred on the date stated above, at 8 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1) auricular fibrillation	
2) Cardiac failure	
3) Hypertensive heart disease	

Other contributory causes of importance:
1) Generalized arteriosclerosis
2) Senility

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? No
If so, specify .....
(Signed) P. M. Boyd, M. D.
(Address) Mo Pac Hospital

(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. 22772

P. O. Address 1926 Allen 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.