FILED APR 12 1939

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

8410
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 2175

1. PLACE OF DEATH
(a) County St. Louis
(b) Township
(c) City St. Louis
(d) Street No. City Hospital #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 3/6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lydia Zdvoracek
(a) Residence, No. 4948 Laclede 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 Female
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 William
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/4/1876
7. AGE Years 62 Months 3 Days 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. None
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 Mo.

FATHER
13. NAME Adolph Truckett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

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

17. INFORMANT Chas. Veracek
(ADDRESS) 7739 Fleta

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Crematory DATE Mar. 9, 19 39

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

20. FILED MAR 7 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5th, 19 39

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19....., Death is said to have occurred on the date stated above, at 6:45 m. P.M.
The principal cause of death and related causes of importance were as follows:

Laceration and Haemorrhage of Brain due to Skull Fracture. Suffered when struck by Ford Sedan driven by one, Frank Paraszak, about 6:30 P.M., March 5, 1939, at intersection of Jefferson, Gravois and Sidney Streets. Criminal Carelessness.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of ..... Yes
What test confirmed diagnosis? ..... Was there an autopsy? ..... Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? C.C. Date of injury 3/6, 1939
Where did injury occur? St. Louis, 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 see above
Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Joseph McQuinn, M.D.
(Address) Deputy Coroner

(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 Clarence P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937 Gravo

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

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