

APR 12 1939

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

8775
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City, St. Louis
 (d) Street No. Bethesda Hosp. St.
 (If death occurred in Hospital of 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 **Joseph E. Sladek**

(a) Residence, No. 3454 Utah St. **16** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Lillian Sladek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 8 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk Missouri
 9. Industry or business in which work was done, as saw mill, bank, etc. Belting Co.
 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

FATHER 13. NAME Albert Sladek

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

MOTHER 15. MAIDEN NAME Ann Scheffer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Lillian Sladek
 (ADDRESS) 3454 Utah

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Crem. DATE Mar. 20, 1939

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle
 (ADDRESS) 2331 S. Broadway

20. FILED MAR 17 1939 J. F. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1939 to Mar 16, 1939
 I last saw him alive on Mar 16, 1939. Death is said to have occurred on the date stated above, at 9:28 a.m.
 The principal cause of death and related causes of importance were as follows:

uraemia
perforation of gastric ulcer
 Date of onset

Other contributory causes of importance:
perforation of gastric ulcer

Name of operation Yes Date of 3/13/39
 What test confirmed diagnosis? Was there an autopsy?

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) Robert Stewart M. D.
 (Address) Post Office Box 1100

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.....

Frank J. Hyland Sr.

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Frank J. Hyland Sr.

Licensed Embalmer No.....

2645

P. O. Address.....

St Louis Mo.

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.