MAR 26 1939

REC'D APR 7 1939

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

12302
Do not use this space.

1. PLACE OF DEATH
(a) County ST. LOUIS 2 Registration District No. 784
(b) Township ~~NORMANDY~~ Primary Registration District No. 200 Registered No. 552
(c) City PINE LAWN 1 (d) Street No. 6110 MARGARETTA AVE 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 43 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOSEPH SLADEK
(a) Residence, No. 6110 MARGARETTA AVE St.
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF AUGUSTA SLADEK
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 12-1866
7. AGE YEARS 79 MONTHS 6 DAYS 13 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. TOOL 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) LOUISIANA MO

FATHER
13. NAME ALBERT SLADEK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN BOHEMIA

MOTHER
15. MAIDEN NAME ANNA MARGREITER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN BOHEMIA

17. INFORMANT (ADDRESS) Francis J. Sladek 6110 Margaretta ave
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM DATE March 27 1939
19. FUNERAL DIRECTOR (ADDRESS) L. B. Tanner 6107 Natural Bridge Road
20. FILED MAR 26 1939 R. Meyer M. Dodd Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/28/39, 19..., to 3/25/39, 19...
I last saw him alive on 3/24/39, 19... Death is said to have occurred on the date stated above, at 12:05 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. arteriosclerosis, generalized.	?
Chr. Hypertension	?
Chr. Interstitial nephritis. Senile type.	?

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Other contributory causes of importance:
Cerebral apoplexy, left with complete Hemiplegia right side. 2/28/39
Uremia-uremic coma.
Name of operation None. Date of --
What test confirmed diagnosis? History, clinical & Lab. 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) Dr. Luke B. Turnor, M. D.
(Address) 3718 Jennings Road

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed L B Tanner

Licensed Embalmer No. 2922

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.)