REC'D MAY 10 1939

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

13422
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791

(b) Township 1 Primary Registration District No. 1003 Registered No. 3764

(c) or City St. Louis Mo. (d) Street No. 4630 Gravois 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 6214 Mary Cirkal

(a) Residence, No. 4630 Gravois Ave. St. 15
(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 Dominick Cirkal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 1871

7. AGE: 67 YEARS, 6 MONTHS, 21 DAYS. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife.
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) Bohemia

FATHER
13. NAME Anthony Ulrich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

MOTHER
15. MAIDEN NAME Elenor Fischer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

17. INFORMANT (ADDRESS) Dominick Cirkal 4630 Gravois Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New S.S. Peter & Paul DATE Apr. 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thos Kutis 2906 Gravois Ave.

20. FILED APR 24 1939 J. F. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to 4/23, 1939

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 45 A.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset: For years

Other contributory causes of importance:
Hemiplegia
Chronic Myocarditis

Name of operation ..... Date of .....
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? .....
If so, specify .....
(Signed) Edw. C. Loew, M. D.
(Address) 3146 Russell

(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.

X16605

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 THOS. KUTIS. Registered Apprentice No.

working under my personal supervision.

Signed Thos Kutis

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 comp with the above constitutes grounds for revocation of license.)

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