

REC'D MAY 10 1939

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

13543
Do not use this space.
3885

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. 1710 Allen 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

532 Vaclav Puntikan
(a) Residence, No. 1710 Allen Ave. St. 23 (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Puntikan		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1859		
7. AGE YEARS 80	MONTHS 0	DAYS 20
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter		
9. Industry or business in which work was done, as saw mill, bank, etc.		
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) Czecho-Slovakia		
13. NAME Vaclav Puntikan		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
17. INFORMANT (ADDRESS) Rose Funk 1710 Allen Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker DATE April 29, 1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. C. Moydell 1926 Allen Ave.		
20. FILED APR 27 1939 <i>J. B. Rudolph</i> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 26, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **March 29, 1937**, to **April 26, 1939**, 1939
I last saw him alive on **April 26, 1939**. Death is said to have occurred on the date stated above, at **3:30 p.m.**
The principal cause of death and related causes of importance were as follows:
Chronic pyocarditis i. cordis. associated general syndrome
Chronic cholelithiasis

Other contributory causes of importance:
Chronic cholelithiasis

Name of operation..... Date of.....
What test confirmed diagnosis? **PE** 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?
If so, specify.....
(Signed) **W. J. Kavanaugh**, M. D.
(Address) **1040 Emmet**

Date of onset
March 29
yrs.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Jessie C. Duncan*

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

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: