

No. 2
4-13-40
5-17-39
X23159

Registration District No. **791** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**

(c) Name of hospital or institution **St. Louis City Hospital**
Rice-O'Neill Shoe Co. - 1900 - Washington Ave.

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis**

(d) Street No. **3715a Alberta Ave.,**

(e) If foreign born, how long in U.S.A.? _____ years.

3. (a) PRINT FULL NAME **MATHEW NOWOTNY**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **494-07-7477**

20. DATE OF DEATH: Month **June** day **26** year **1941** hour **I** minute **30** P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex **Male** ()

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Nowotny**

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **Dec. 26, 1875**

MEDICAL CERTIFICATION

Immediate cause of death **Chronic Atrophic Cirrhosis of the liver:**

CONTRIB: **Chronic Hypertrophic Bronchitis; Chronic Myocarditis.**

Due to _____

8. AGE:	Years	Months	Days	If less than one day
	65	6	0	_____ hr. _____ min.

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **St. Louis, Missouri**

10. Usual occupation **Shoe Worker**

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name **Mathew Nowotny**

13. Birthplace **Bohemia**

14. Maiden name **Mary Swantner**

15. Birthplace **Bohemia**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant **Mary Nowotny**

(b) Address **3715a Alberta Ave.**

17. (a) **Burial** (b) Date thereof **June 28-81**

(c) Place: burial or cremation **New Picker Cemetery**

18. (a) Signature of funeral director **A. C. Maydell**

(b) Address **1926 Allen Ave.**

19. (a) **JUN 27 1941** (b) **J. P. Credok**

While at work? _____ (Specify type of place) _____ (c) Means of injury **S**

23. Signature _____ (M. D. or other) _____

Date signed **6/27/41**

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.....

Benj. C. Duncan

Licensed Embalmer No. *2272*

P. O. Address *1946 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, fact should be so stated above.