

REC'D FEB 10 1939

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

73  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... 2 ..... Registration District No. 791  
(b) Township ..... i ..... Primary Registration District No. 1003  
(c) City St. Louis Mo. (d) Street No. 3815 Minnessotta Ave. Registered No. 733  
(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

400 Ignatius Blaha.  
(a) Residence, No. 3815 Minnessotta Ave. St. 24 (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 Anna Blaha.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 1865  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
73 6 19  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tailor  
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) Bohemia

13. NAME Frank Blaha

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Anna Blaha 3815 Minnessotta Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New S.S. Peter & Paul Jan 4 1939

19. FUNERAL DIRECTOR (ADDRESS) Kurtis and Co. 2906 Gravois Ave.

20. FILED (Date) 3 1939 J. B. Budick Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1938 to Jan. 2nd, 1938

I last saw him alive on Dec. 31, 1938, 19..... Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Broncho-pneumonia (terminal) Date of onset 12/28/38

Other contributory causes of importance: Arterio-sclerotic heart disease 1935  
Diabetes mellitus

Name of operation None Date of.....

What test confirmed diagnosis? Clin. 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) Lester T. Holke, M. D.

(Address) 462 N Taylor

**STATEMENT BY LICENSED EMBALMER**

I, THOS. KUTIS. Licensed Embalmer No. 1619

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

L. E. 1619

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Thos. Kutis*

Licensed Embalmer No. 1619

**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.)**