

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

34326

Registration District No.

791

Primary Registration District No.

Registrar's No.

8864

1. PLACE OF DEATH:

- (a) County _____
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Joseph Slivka 4123. (b) If veteran, name war Nil 3. (c) Social Security No. Nil4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Anna Slivka 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased April 6 1869
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
70 6 10 _____ hr. _____ min.9. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business _____

12. Name Joseph Slivka13. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Frank Slivka(b) Address 5352a Bancroft Ave.17. (a) Burial (b) Date thereof Oct. 19-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Burial Park18. (a) Signature of funeral director John T. Maydell(b) Address 1926 Allen Ave.19. (a) OCT 18 1939 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
- (c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
- (d) Street No. 1834 Lafayette Ave.
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16
year 39 hour 9 minute 40 P. M.21. I hereby certify that I attended the deceased from 10-15-39
39 to 10-16-39
that I last saw him alive on 10-16-39
and that death occurred on the date and hour stated above.Immediate cause of death _____
Embolism
Coronary occlusion
Aortic stenosis
Due to _____Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____23. Signature F. R. Bradley (M. D. or other) _____
Address BARNES HOSPITAL Date signed _____

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 Benz. L. Duman
Licensed Embalmer No. 2272
P. O. Address 1726 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.