

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution About 8 Hrs ?  
In this community 35 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Machenski 252  
3. (b) If veteran, name war --  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife --  
6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Not Known  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 64 - - - hr. min.

9. Birthplace Lithuania  
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business Shoe Manufacturing

12. Name Unknown  
13. Birthplace Lithuania  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Lithuania  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature \_\_\_\_\_  
(b) Address 4940 Mimika St. St. L. Mo.

17. (a) Burial (b) Date thereof Dec 27, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John Brady  
(b) Address 1101 N 9th East St. St. Louis, Ill.

19. (a) DEC 26 1939 (b) J. B. Budnik  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 1  
(c) City or town St. Louis 26  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1818 N 9th St.  
(If rural, give location)  
(e) If foreign born, how long in U.S. 78 Years Years

20. DATE OF DEATH: Month Dec day 28  
year 1939 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Chronic Interstitial Nephritis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 131

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)  
Means of injury \_\_\_\_\_  
28. Signature Alfred Perry (M. D. or other) 4  
Address Regency Center Date signed 2.26.39

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

**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.**