MAR - 1 1940

S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED MAR 7 - 1940

STANDARD CERTIFICATE OF DEATH

State File No. 8228

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 432

Corrected Mar. 28. 1940 by affidavit L. Wood

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks Canary W
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 2/2/40. (Specify whether
In this community unkn.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4842 Hanover.
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph Marek 620

3. (b) If veteran, name war Spanish-Amer. 3. (c) Social Security No. -

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

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

7. Birth date of deceased January 6, ~~1888~~ 1876
(Month) (Day) (Year)

8. AGE: Years 64 ~~54~~ Months 1 Days 23 If less than one day hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Brewery Worker

11. Industry or business -

FATHER
12. Name Joseph Marek
13. Birthplace Austria 7
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ducasek,
15. Birthplace Austria 7
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk M. Schillig
(b) Address Vet. Adm. Fac., Jeff. Bks., Mo.

17. (a) BURIAL (b) Date thereof MARCH. 4-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C. Hoffmeister N. L. Co.
(b) Address 7814 S. Broadway

19. (a) MAR - 1 1940 (b) A. R. Meyer M. D. Jr. (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 29th
year 1940 hour 6:45 minute P. M.

21. I hereby certify that I attended the deceased from February 2, 1940 to February 29, 1940
that I last saw him alive on February 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Arteriosclerotic Heart Disease with Myocardial Damage and	
~~Due to~~ insufficiency.	unkn.
~~Due to~~	
Other conditions None. (Include pregnancy within 3 months of death)	

94 b

Major findings: Of operations No operations.

Of autopsy No 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) no
(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?
(Specify type of place)
While at work? (e) Means of injury

707

23. Signature C. W. HUGHES, M.D. (M. D. or other)
Chief Medical Officer
Address Vet. Adm. Fac., Jeff. Bks., Mo.

(Licensed Embalmer's Statement on Reverse Side)

See affidavit no no 246 in mine file

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 L. C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.