S. No. 2
—11-10-39.
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9088

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2571

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:
2621 Accomac St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

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. 2621 Accomac
(If rural, give location)

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

3. (a) PRINT FULL NAME IDA MAGDALEN VLASAK

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John J. Vlasak

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

7. Birth date of deceased Dec. 23, 1863
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	2	23	hr. min.

9. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Fiala
13. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

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

16. (a) Informant William Vlasak
(b) Address 2621 Accomac St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19-40 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director Wm. C. Moydell
(b) Address 1926 Allen Ave.

19. (a) MAR 18 1940 (Date filed in Registrar's office) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1940 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from Feb. 12, 1940 to March 15, 1940, that I last saw her alive on March 15, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Left cerebral hemorrhage. Duration : 3 days.

Due to Chronic Interstitial Nephritis. Duration : 5 years.

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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature C. L. Hersch M.D. (M. D. or other)
Address 3606 Gravois Ave. Date signed 3/16/40

(Licensed Embalmer's Statement on Reverse Side)

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. 2222

P. O. Address 1926 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.