DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 23 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11426

Registration District No. 4-5 Primary Registration District No. 5580 Registrar's No. 14-16

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) ~~City or town~~ RURAL — MERAMEC
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. 3930 OREGON AVE.,
(If rural, give location)

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

3. (a) PRINT FULL NAME JOSEPH HAVLIK 147

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife AMELIA TITT

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

7. Birth date of deceased JAN (Month) 31 (Day) 1856 (Year)

8. AGE: Years 84 Months 1 Days 6 If less than one day hr. 7 min.

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

10. Usual occupation SHOEMAKER, RETIRED

11. Industry or business —

FATHER
12. Name JOHN HAVLIK
13. Birthplace — (City, town, or county) AUSTRIA (State or foreign country)

MOTHER
14. Maiden name [illegible]
15. Birthplace — (City, town, or county) AUSTRIA (State or foreign country)

16. (a) Informant's own signature Brother Bonaventure
(b) Address St. Joseph's Hill Infirmary

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Mar 9 1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Calvary Cem St Louis

18. (a) Signature of funeral director J. H. Kibben L. & N. Co
(b) Address 2842 Meramec St.

19. (a) 6 Mar 40 (Date received local registrar) (b) James A Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1940 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 4, 1940, to March 4, 1940
that I last saw him alive on March 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Valvular Disease of the Heart

Due to

Due to

Other conditions Paralysis of throat
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Jesse S. Sargent, (M. D. ~~or other~~)
Address Eureka Mo. Date signed 4-6-40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

I X19511

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 Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address St. Louis

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.