

1992  
11-10-39  
17-39  
11-10-39

MAY 15 1940 791

Primary Registration District No. 1003

Registrar's No. 3033

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(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 22 Days  
(Specify whether  
In this community 52 YEARS  
years, months or days)

3. (a) PRINT FULL NAME Frank Vanek 520

3. (b) If veteran, name war \_\_\_\_\_ 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 MARY VANEK 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased OCT. 17, 1869  
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace BOHEMIA 7  
(City, town, or county) (State or foreign country)

10. Usual occupation DAY LABORER 1

11. Industry or business PARK DEPT.

12. Name FRANK VANEK 1

13. Birthplace BOHEMIA  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace BOHEMIA  
(City, town, or county) (State or foreign country)

16. (a) Informant MARY VANEK

(b) Address 2939 MICHIGAN AVE

17. (a) BURIAL (b) Date thereof APR. 2-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEWSS PETER & PAUL

(a) Signature of funeral director Shortliffe

(b) Address 2906 GARDNER AVE

18. (a) 1 1940 (b) \_\_\_\_\_  
(Date received local registrar) (City or town)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2939 Michigan Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 52 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30,  
year 1940 hour 8:55 minute A. M.

21. I hereby certify that I attended the deceased from March 9,  
1940, to March 30, 1940;  
that I last saw him alive on March 30, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the Rectum  
Peritonitis

Due to. \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: above

Of operations: above

Of autopsy: above

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature M. A. Casberg (M. D. or other)

Address 1515 Lafayette, Date signed 3/30/40

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

MOTHER FATHER

**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.....

*Leo Budde*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Leo Budde*

Licensed Embalmer No. *3989*

P. O. Address *St. Louis, Mo.*

**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.**