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2187

MAY 15 1940

Registration District No. **701**

Primary Registration District No. **1003**

Registrar's No. **3891**

1. PLACE OF DEATH:

(a) County 1
(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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
(Specify whether
In this community 33 Years
years, months or days)

3. (a) PRINT FULL NAME Nemecek, Phillip **522**

3. (b) If veteran, name war _____ 3. (c) Social Security No. 328-03-2938

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

6. (b) Name of husband or wife Augusta Nemecek 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May 22 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 11 6 _____ hr. _____ min.

9. Birthplace: Bohemia **7**
(City, town, or county) (State or foreign country)

10. Usual occupation Monument Designer

11. Industry or business Granite Works. **7**

12. Name Unknown

13. Birthplace Bohemia **7**
(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 Augusta Nemecek
(b) Address 3635 S. Compton Ave.

17. (a) Burial (b) Date thereof May 1st
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Carmel Cem. Ills.

18. (a) Signature of funeral director Shoebutis
(b) Address 2906 Gravois Ave.

19. (a) **APR 30 1940** (b) [Signature]
(Date received local registrar) (Registrar's signature)

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. 3635 S. Compton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 33 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1940 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 18, 1940, to April 28, 1940;
that I last saw him alive on April 28, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Silicosis and Tuberculosis

Due to _____

Due to _____

Other conditions 73
(Includes pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy As above

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 [Signature] (M. D. or other) _____
Address 1515 Lafayette Date signed 4/29/40

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.