

1931
 MAKE A PERMANENT RECORD
 CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAREFULLY SUPPLIED.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

17138

4614

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

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:
St. John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 Days
 (Specify whether _____)
 In this community _____
 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") 17
 (d) Street No. 3455 Lafayette Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23rd day May
 year 1940 hour 12:45 minute P. M.
 21. I hereby certify that I attended the deceased from May 1, 1940
 _____, 19 _____ to May 23rd, 19 40
 that I last saw him alive on May 23rd, 19 40
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease Duration 3 weeks
Hypertensive Heart Disease
 Due to _____
 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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature P. M. Johnson (M. D. or other) MD
 Address 401 Hammond Bldg Date signed 5/24/40

3. (a) PRINT FULL NAME Frank J. W. Masek 270

8. (b) If veteran, name war None 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Thresa Masek 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 17 1876
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 ** 6 _____ hr. _____ min.

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

10. Usual occupation Real Estate Operator

11. Industry or business Masek Real Estate Co

12. Name William J. Masek

18. Birthplace Prague
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Krethik
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Thresa Masek

(b) Address 3455 Lafayette Ave

17. (a) Burial (b) Date thereof May 27 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MAY 25 1940 (b) _____
 (Date received local registrar) (Registrar's signature)

Wm David B. Iwan
401 Humboldt Bldg

ne. 12-55

730 to 530

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.....

Paul J. Iwan

Licensed Embalmer No.....

2285

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.