DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30264
Registrar's No. 7541

Registration District No. 791 Primary Registration District No. 1003

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

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: Park Lane Memorial Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days) 1

In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 24

(d) Street No. 3422 Pennsylvania (If rural, give location) 0

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

3. (a) PRINT FULL NAME William Wyskocil

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Wyskocil

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

7. Birth date of deceased May (Month) 6 (Day) 1870 (Year)

8. AGE: Years 70 Months 4 Days 0 If less than one day hr. min.

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

10. Usual occupation Retired Coal Miner 4

11. Industry or business 1

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

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

16. (a) Informant Alois Wyskocil

(b) Address 3422 Pennsylvania

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9/9/40 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wacker-Helderle

(b) Address 2331 S. Broadway

19. (a) SEP 8 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6 year 1940 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from Aug. 5, 1940, to Sept 6, 1940; that I last saw him alive on Sept. 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of liver	6 months
Due to Primary carcinoma of gall bladder.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46

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 Dom. J. Smith (M.D. or other)

Address 4930 Lindell Blvd. Date signed 9-6-40

(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. Robert C Wheeler

Licensed Embalmer No. 2128

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, fact should be so stated above.