

No. 2  
4-13-40  
-17-39  
I X23150

Registration District No. **791**

Primary Registration District No.

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:  
1038 Geyer Ave. (Rear)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME John Just

3. (b) If veteran, name war No.

3. (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 Marion 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb. 4 1978  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64	7	27	hr. min.
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9. Birthplace A. Hungary  
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

12. Name Matthew Just

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

14. Maiden name Anna Light

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

16. (a) Informant Marion Just

(b) Address 1038 Geyer Ave (rear)

17. (a) Burial (b) Date thereof 10-3-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) OCT 3 1940 (b) \_\_\_\_\_  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")

(d) Street No. 1038 Geyer Ave. (Rear)  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1  
year 1940 hour 3: minute 20 P. M.

21. I hereby certify that I attended the deceased from Sept. 15, 1940 to Oct. 1, 1940  
that I last saw him alive on Oct. 1, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute Myocarditis  
caused by chronic myocarditis

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

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

Other conditions Thrombophlebitis - l. iliac 3 days  
(Include pregnancy within 3 months of death) Seriously

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations 93C

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

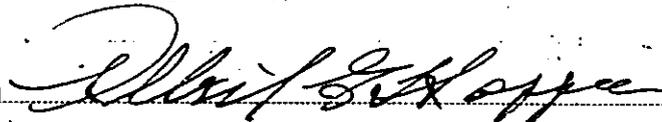
23. Signature Frank A. Bailey (M. D. or other) M.D.  
Address 2602 So. Grand Date signed 10-3-40  
St. Louis, Mo.

**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.....



Licensed Embalmer No. 2971

P. O. Address.....

**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.**