

NOV 16 1940 791

Primary Registration District 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..... 4143 Walsh 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME..... John A. Bakula

3. (b) If veteran, name war..... No 3. (c) Social Security No..... No

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

6. (b) Name of husband or wife..... Margaret 6. (c) Age of husband or wife if alive..... 79 years

7. Birth date of deceased..... March 23, 1859
(Month) (Day) (Year)

8. AGE: Years..... 81 Months..... 6 Days..... 14
If less than one day..... hr..... min.....

9. Birthplace..... St Louis Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... Engineer 7

11. Industry or business..... 7

12. Name..... William Bakula 7
13. Birthplace..... Czecho- Slovakia
(City, town, or county) (State or foreign country)

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

15. Birthplace..... Czecho- Slovakia
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs John Bakula

(b) Address..... 4143 Walsh

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

(c) Place: burial or cremation..... Old St Peter & Paul Cem

18. (a) Signature of funeral director..... Joseph Hoffmeyer

(b) Address..... 4016 Chippewa

19. (a) OCT 9 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County.....
(c) City or town..... St Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No..... 4143 Walsh
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Oct day..... 7
year..... 1940 hour..... 12 minute..... 45 P.M.

21. I hereby certify that I attended the deceased from..... Sept 27
....., 1939, to..... Oct 7....., 1940.
that I last saw him alive on..... Oct 7....., 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Chronic arteriosclerosis 5yr

Due to..... Cerebral Embolism 10 days

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..... Adam S. Youngman (M. D. or other) MD

Address..... Adams 439 Kansas Date signed..... 10/10/40

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.....

Ernest W. Spillars

Licensed Embalmer No. *4080*

P. O. Address *3747 Dunnic*

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.