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(K23195)

ED MAR 25 1941 7911

State File No. \_\_\_\_\_  
Registrar's No. 1544

Registration District No. \_\_\_\_\_ 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:  
2213 Arsenal St.  
(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 JOSEPH JECMEN

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 Marie 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Feb. 14, 1857  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>0</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation Cabinet Maker

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

MOTHER FATHER { 12. Name Joseph Jecmen

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

14. Maiden name Unknown

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

16. (a) Informant Emil Jecmen

(b) Address 2213 Arsenal St.

17. (a) Cremation (b) Date thereof Feb. 17-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri

18. (a) Signature of funeral director John Moyall

(b) Address 1926 Allen Ave.

19. (a) 1-7-1941 (b) J. T. Budrick  
(Date of final registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2213 Arsenal St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14  
year 1941 hour 2 minute 05 PM.

21. I hereby certify that I attended the deceased from February 8, 1941 to February 14, 1941; that I last saw him alive on February 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Hypostatic Acute

Due to Hemorrhage of Lung

Due to Arterio Sclerosis

Other conditions Chr. Myocarditis  
(Include pregnancy within 3 months of death)

Duration
<u>1 day</u>
<u>6 days</u>
<u>2 yrs</u>

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

Of operations 93 d

Of autopsy no 22 C

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? none

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature J. T. Budrick (M. D. or other) me

Address 1767 Francis Date signed 2-14-41

**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 me

....., Registered Apprentice No. 1467  
working under my personal supervision.

Signed W. B. Maxwell

Licensed Embalmer No. ....

P. O. Address .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING . (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**