

No. 2  
4-13-40  
-17-39  
I X23159

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11225

State File No. \_\_\_\_\_  
Registrar's No. 3

Registration District No. 488  
Primary Registration District No. 429.5

1. PLACE OF DEATH:  
(a) County LINCOLN  
(b) City or town HAWK POINT MISSOURI  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 1 years, months or days (Specify whether)

3. (a) PRINT FULL NAME CHARLES. PAVELEC  
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 MARY  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased HAN 19 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 2 4 1 hr. 1 min.

9. Birthplace ST. LOUIS, MO (City, town, or county) MO (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name FRANK PAVELEC  
13. Birthplace BOHEMIA (City, town, or county) (State or foreign country)  
14. Maiden name ANNA BAMBROR  
15. Birthplace BOHEMIA (City, town, or county) (State or foreign country)

16. (a) Informant MARY PAVELEC  
(b) Address HAWK POINT, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-29-41 (Month) (Day) (Year)  
(c) Place: burial or cremation ST. PETER + PAUL

18. (a) Signature of funeral director M. C. Maydell  
(b) Address 1926 Allen Ave.

19. (a) 3-26-1941 (Date received local registrar) (b) St. Louis, Mo. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County LINCOLN  
(c) City or town HAWK POINT (If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 26  
year 1941 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb. 10 1940, to March 26 1941;  
that I last saw him alive on March 26 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Urinary Bladder  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Tumor mass - Operated March 8, 1941  
Of operations \_\_\_\_\_  
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? Y  
228 (Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_

23. Signature V. C. Althoff (M.D. or other) \_\_\_\_\_  
Address Hawk Point, Mo. Date signed 3/26/41

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

700

**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.....

*Bery I Duncan*

.....  
Licensed Embalmer No. *2272*

P. O. Address..... *1926 Allen*

**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.**