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FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12592**
Registrar's No. **3022**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 Days**
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1864 So. 12th. St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Frank Mrakava**

3. (b) If veteran, name war **Unknown**
3. (c) Social Security No. **489-09-6773**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Philomena**
6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **March 23 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 0 11 hr. min.

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

10. Usual occupation **Iron Foundry Laborer**

11. Industry or business.....

12. Name **Martin Mrakava**

13. Birthplace **Moravia**
(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 **Mrs. Frank Mrakava**

(b) Address **1864 So. 12th. St.**

17. (a) **Burial** (b) Date thereof **4/7/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address **4700 Washington Ave.**

19. **APR - 6 1941** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4**
year **1941** hour **4:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **March 28**, 19 **41** to **April 4**, 19 **41**;
that I last saw him alive on **April 4**, 19 **41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Rectum**
Due to.....

Due to.....
Other conditions **widespread metastases**
(include pregnancy within 9 months of death)
Colon Cancer

Major findings:
Of operations.....
Of autopsy **above**

Duration
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) Manner of injury.....

23. Signature **W. J. Brudick M.D.** (M.D. or other)
Address **1515 Lafayette Avenue** Date signed.....

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

MOTHER FATHER

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..... *Wilford H. Burnley*.....
Licensed Embalmer No. *4202*.....

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.