

FILED AUG 28 1941 791

Primary Registration District No. 1003

Registrar's No. 5537

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: CITY HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 38 yrs. 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. 2631 CHATEAU AV. (If rural, give location)
 (e) Citizen of foreign country? No Attending Physician
 If yes, name country _____

3. (a) PRINT FULL NAME

GUST. CANDRLIC

(b) If veteran, name war _____

AUGUST CHANVON Social Security No. 498-03-3547

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1941 hour 9:30 minute AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, SINGLE
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 28 1884 (Month) (Day) (Year)

Immediate cause of death Subdural Hemorrhage of the Brain Duration _____
 Due to _____
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
<u>about 57</u>	<u>10</u>	<u>4</u>	_____ hr. _____ min.	

Other conditions _____ (Include pregnancy within 3 months of death)

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

Major findings: Of operations _____

10. Usual occupation LABORER

Of autopsy _____

11. Industry or business EYERMAN QUARRY

12. Name UNK. CANDRLIC

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

14. Maiden name UNK. NOWNY

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

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

16. (a) Informant Mad Church

(b) Address 2631 Chateau

17. (a) BURIAL (b) Date thereof 7 5 1941 (Month) (Day) (Year)

(c) Place: burial or cremation S. PETER & PAUL CEM.

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Ave

19. (a) JUL 5 1941 (Date received local registrar) (Registrar's signature) [Signature]

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 7/2/41

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

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.....

Jose B. Hollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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.