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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23402

FILED AUG 28 1941

State File No. _____

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **5754**

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:
First National Bank Bldg.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Sappington**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? **1** years.

3. (a) PRINT FULL NAME **William Straka**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **497-18-9831**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **10**
year **1941** hour **1:00** minute **P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Straka**

6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **About 1877**
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years Months Days If less than one day

About 64 Unknown hr. min.

Coronary Occlusion
Coronary Sclerosis.

Due to _____

Due to _____

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

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

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation **Bank Watchman**

11. Industry or business **First National Bank**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **Vaclav Straka**

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

14. Maiden name **unknown**

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

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? _____

16. (a) Informant **Mary Straka**

(b) Address **Sappington Mo.**

While at work _____ (Specify type of place)

(e) Means of injury _____

17. (a) **Burial** (b) Date thereof **July, 12, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Picker**

23. Signature **W. H. Straka** (M. D. or other) **3**

Address _____ Date signed **7/11/41**

18. (a) Signature of funeral director **Wm. B. Moydell**

(b) Address **1026 Allen Ave.**

19. (a) **JUL 12 1941** (b) **W. H. Straka**
(Date received local registrar) (Registrar's signature)

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

Benj. C. Dunbar

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.