

No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 18 1941
REGISTRATION DISTRICT NO. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
PRIMARY REGISTRATION DISTRICT NO. 1003

State File No. 29832
Registrar's No. 7169

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:
3436 Michigan Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County..... 000
(c) City or town St. Louis F6 17
(If outside city or town limits, write "RURAL") 5
(d) Street No. 3436 Michigan Avenue
(If rural, give location)
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME EMIL ANDREW BLAHA
3. (b) If veteran, name war..... None
3. (c) Social Security No. 490-03-4911

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September Day 2nd
year 1941 hour 3:00 minute 7 M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife..... Barbara Blaha
6. (c) Age of husband or wife if alive..... years About 1881
7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 13 1941 to September 2 1941
that I last saw him alive on September 2 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
About 60 hr. min.

Immediate cause of death Cerebral myocarditis Duration not 40
Due to.....
Due to.....
Special conditions (include pregnancy within 3 months of death).....

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Foreman (St. Louis Cordage Mills)

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN.....
Underline the cause to which death should be charged statistically.

11. Industry or business.....
12. Name (Unknown) Blaha
13. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver J. Blaha
(b) Address 2849 Utah Street

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
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?.....

17. (a) Cremation (b) Date thereof Sept. 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature J. P. Burk (M. D. or other).....
Address 3624 Arsenal St Date signed 9-3-41

18. (a) Signature of funeral director Wm C. Myrdell
(b) Address 1926 Allen Avenue
19. (a) SEP 4 1941 (b) J. P. Burk
(Date received local registrar) (Registrar's signature)

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

DN 0

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

Bernard L. Dunham

Licensee 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.