

FILED NOV 24 1941  
791

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(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 Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 yrs. 6 mos. 11 days  
(Specify whether  
In this community About 39 yrs.  
years, months or days)

3. (a) PRINT FULL NAME William Mrazek  
3. (b) If veteran, name war ---  
3. (c) Social Security No. ---

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive About 1860 years  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 81 yrs. hr. min.

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

10. Usual occupation Carpenter & Farmer

11. Industry or business

MOTHER FATHER { 12. Name William Mrazek  
13. Birthplace Austria (City, town, or county) (State or foreign country)  
14. Maiden name Marie  
15. Birthplace Austria (City, town, or county) (State or foreign country)

16. (a) Informant L. Siggendorf  
(b) Address City Sanitarium

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10/14/41  
(Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Mr. B. Moydell  
(b) Address 1926 Allen

19. (a) OCT 9 1941 (Date received local registrar) (b) J. J. Brebeck (Registrar's signature)

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. 2604a Park Ave.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7  
year 1941 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from 7-1-39, 19  , to 10-7-41, 19  ;  
that I last saw him 1m alive on 10-7-41, 19  ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 10-3-41

Due to C.N.S. Lues 3-27-39x

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No. 34

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?

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

23. Signature M. Mrazek (D. or other)

Address 5400 Grand Date signed 10-8-41

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 ME

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Arb Moydell  
Licensed Embalmer No. 1467  
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.**