

13425

V. S. No. 2  
FORM-9-4-41  
Rev. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

960  
515

FILED FEB 24 1942 791

State File No. ....  
Registrar's No. ....

Registration District No. .... Primary Registration District No. 100

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 2 Days  
38 Years in St. Louis (Specify whether  
 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. 3229 Itaska.  
(If rural, give location)  
 (e) Citizen of foreign country? Bohemia (Yes or No)  
 If yes, name country. 38 Years in St. Louis.

3. (a) PRINT FULL NAME Vincent Vaclavik.  
 3. (b) If veteran, name war..... 3. (c) Social Security No. 495-14-7968

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15,  
 year 1942 hour 5:30 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married  
 6. (b) Name of husband or wife Matilda Vaclavik 6. (c) Age of husband or wife if alive..... years 34  
 7. Birth date of deceased Feb 14 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 14, 1942 to January 15, 1942;  
 that I last saw him alive on January 15, 1942;  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
54 11 1 hr. min.

Immediate cause of death Arteriosclerosis set middle cerebral artery  
Essential hypertension  
Enlarged heart 4 days

9. Birthplace Bohemia (City, town, or county) (State or foreign country) 8  
 10. Usual occupation Auto Mechanic

Due to.....  
 Due to.....  
 Other conditions (Include pregnancy within 3 months of death).....

11. Industry or business.....  
 12. Name Vincent Vaclavik  
 13. Birthplace Bihemia (City, town, or county) (State or foreign country) 8  
 14. Maiden name Unknown  
 15. Birthplace Bohemia (City, town, or county) (State or foreign country) 8

PHYSICIAN  
 Major findings: Of operations.....  
 Of autopsy Same as above

16. (a) Informant Matilda Vaclavik  
 (b) Address 3229 Itaska Ave.  
 17. (a) Burial (b) Date thereof Jan 19/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New Picker Cem.

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?.....

18. (a) Signature of funeral director J. F. Braddock while at work? (Specify type of place) (e) Means of injury 0  
 (b) Address 2906 Gravois Ave.  
 19. (a) JAN 11 1942 (b) J. F. Braddock  
(Date received local registrar) (Registrar's signature)

23. Signature M. M. Karl (M. D. or other) 1/16/42  
 Address 1515 Lafayette Ave. Date signed

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.....

*Daird M. Van Fossan*, Registered Apprentice No. *280.*  
working under my personal supervision.

Signed *Thorakitis*

Licensed Embalmer No. *1619*

P. O. Address *2906 Travis*

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.