

4934
V. S. No. 2
OM-9-4-41
Rev. 5-17-39
X29484

4520
State File No. 1539
Registrar's No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED MAR 17 1942 791
Registration District No. Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital #1
(d) Length of stay: In hospital or institution 4 Days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 23 000
(c) City or town St. Louis
(d) Street No. 2309a S. 11th St.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paul Jonas
(b) If veteran, name war no
(c) Social Security No. 488-07-1538

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 18, year 1942 hour 3:55 minute A. M.
21. I hereby certify that I attended the deceased from February 15, 1942 to February 18, 1942 that I last saw him alive on February 18, 1942 and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage
Duration

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive years
7. Birth date of deceased About 1879 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 63 Unknown hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Paul Jonas
13. Birthplace Slovakia (City, town, or county) (State or foreign country)
14. Maiden name Katherine Srihra
15. Birthplace Slovakia (City, town, or county) (State or foreign country)

16. (a) Informant Anna Jonas
(b) Address 2309a S. 11th St.

17. (a) Burial (b) Date thereof Feb. 21-42 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wm L. Moyall
(b) Address 1926 Allen Ave.

19. (a) (b) J. T. Budeck (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Refused
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?
While at work? (Specify type of place) Means of injury
23. Signature Drew on Petersen (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 2/18/42

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. L. Duman

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.