

FILED APR 17 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital No 1 ENROUTE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 years, months or days
In this community 37 years, months or days
37 Years In St Louis

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 24
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3418 Oregon Ave.
(If rural, give location)
(e) Citizen of foreign country? Physician (Yes or No)
of Bohemia

3. (a) PRINT FULL NAME FRANK MORAVEC

3. (b) If veteran, name war
3. (c) Social Security 484-01-2585

4. Sex Male 5. Color or White
6. (a) Single, widowed, married, Married
6. (b) Name of husband or wife Theresa Moravec
6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased May 23 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 14 hr. min.

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

10. Usual occupation Day Laborer

11. Industry or business

MOTHER FATHER { 12. Name Frank Moravec
13. Birthplace Bohemia
(City, town, or county) (State or foreign country)
14. Maiden name Anna Houdek
15. Birthplace Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant Anthony Moravec
(b) Address 3418 Oregon Ave.

17. (a) Burial (b) Date there April 8 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New S. S. Peter & Paul

18. (a) Signature of funeral director Shorkutis & Son
(b) Address 2906 Gravois Ave.

19. (a) APR 7 1942 (b) J. J. Bredet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1942 hour 4:30 A.M.

21. I hereby certify that I attended the deceased from
..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Coronary Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
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) (e) Means of injury
23. Signature Thomas F. Gallen (M. D. or other)
Address Deputy Coroner Date signed 4/7/42

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

17
9

10

24
17
9

3
4/7/42

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.....

David John Jansson, Registered Apprentice No. *2800*,
working under my personal supervision.

Signed *Shoditis*

Licensed Embalmer No. *1619*

P. O. Address *2906 Marois*

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.