

Registration District No. 731

Primary Registration District 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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 1 day (Specify whether
In this community...
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Illinois (b) County... Madison 999
(c) City or town... Glenn Crossing NR 0
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1942 hour 9 minute 05 P.M.
21. I hereby certify that I attended the deceased from March
10, 1942, to March 11, 1942
that I last saw him alive on March 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Hemorrhage from Esophageal
Vari
Due to Excrosis of liver

Duration

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

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... Roy E. Ahrens, M.D. (M.D. or other)
Address... BARNES HOSPITAL Date signed... 3/12/42

3. (a) PRINT FULL NAME William (imm) Paravazani
3. (b) If veteran, name war... Unknown 3. (c) Social Security No. 345-01-0205

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased... June 22 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 8 19 hr. min.

9. Birthplace... Glen Carbon Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation... Coal Miner

11. Industry or business... Sugar Loaf Coal CO.

12. Name... Joseph Paravazani

13. Birthplace... Kacan Checkoslovakia
(City, town, or county) (State or foreign country)

14. Maiden name... Anna Novak

15. Birthplace... Unknown Checkoslovakia
(City, town, or county) (State or foreign country)

16. (a) Informant... Joe Paravazani

(b) Address... R R#2E Edwardsville 11

17. (a) Removal (b) Date of death... March 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Collinsville Township

18. (a) Signature of funeral director... Albert H Hoppe

(b) Address... 4700 Washington

19. (a) Apr 13 1942 (b) J. J. Brudek
(Date received local registrar) (Registrar's signature)

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

50
79

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 *J. G. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address.....

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.