V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16508

FILED JUN 2 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4515

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1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Pacific Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 V 0

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 5751 Holly Hills
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME JOHN J. NOVOTNY,

3. (b) If veteran, name war No

3. (c) Social Security No 70Y-12-5174

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annetta

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July 9, 1893 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
48	10	14	— hr. — min.

9. Birthplace St. Louis, Missouri O
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Joseph H. Novotny

13. Birthplace St. Louis, Missouri O
(City, town, or county) (State or foreign country)

14. Maiden name Frances Stibal

15. Birthplace St. Louis, Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Annetta Novotny,

(b) Address 5751 Holly Hills,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/42 (Month) (Day) (Year)

(c) Place: burial or cremation Old S S Peter & Paul

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa

19. (a) MAY 25 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5/23/42 day
year hour 2:55 P.M. (Write) M.

21. I hereby certify that I attended the deceased from 4/30/42, 19..., to 5/23/42, 19...;
that I last saw him alive on 5/23/42, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Thrombosis, coronary	2 yrs.
Due to Chronic Myocarditis	2 yrs.
Due to	
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? (Specify type of place)

While at work? (e) Means of injury O

23. Signature H. A. Burke (M. D. or other)

Address Inst. Practice Dep. Date signed 5/23/42

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed: Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 3747 Dunnica

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.