

FILED JUL 20 1942  
Registration District No. 1991

Primary Registration District No. ....

Registrar's No. 5917

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:  
2122a Allen Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community Life  
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. 2122a Allen Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Charles F. Wohosky

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Wohosky 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 20 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>10</u>	<u>20</u>	..... hr. .... min.

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

10. Usual occupation Watchman

11. Industry or business.....

12. Name Martin Wohosky

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

14. Maiden name Unknown

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

16. (a) Informant Anna Wohosky  
(b) Address 2122a Allen Ave

17. (a) Burial (b) Date thereof 7/14/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Martin Helderbach  
(b) Address 3634 Gravois Ave.

19. (a) JUL 13 1942 (b) J. F. Prudek  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 th. year 1942 hour 6 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan - 1940 to July 10 - 1942  
that I last saw him alive on July 10 - 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation

Due to 97  
Due to 97

Other conditions 97  
(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 0

23. Signature J. F. Prudek (M. D. or other)  
Address 2122a Allen Ave Date signed 7/14/42

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

00  
17  
9

MOTHER FATHER

**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.....

*Frank J. Hyland*

Licensed Embalmer No.....

*2645*

P. O. Address.....

*St. Louis Mo*

**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.**