

FILED JUL 16 1942

Registration District No. 875

Primary Registration District No. 61.62

Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Washington Courshipp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hosp #32 Nevada, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs 8 mo 6 da
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Tom SAFTIG

3. (b) If veteran, name war

(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 Unknown 6. (c) Age of husband or wife if alive 23 years (Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 4 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Unknown
13. Birthplace Unknown (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 State Hosp #3; Records

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 7-1-42 (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cemetery

18. (a) Signature of funeral director The General Hosp

(b) Address Nevada, Mo

19. (a) July 1, 1942 (b) Elizabeth Brebenitz (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1942 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from September 1, 1941 to June 27, 1942
that I last saw him alive on June 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to Senility

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____ Of autopsy _____

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 B. M. Golly (M.D. or other) MD
Address State Hosp #3 Nevada, Mo. Date signed 6/27/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 7-42-784

Date Filed 7-13-42

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

Mike E. Ferry

Licensed Embalmer No. 1432

P. O. Address Nevada 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.