

FILED SEP 1 1942 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

7046

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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 Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20yrs. 10mos. 20ds.
(Specify whether years, months or days) about 58 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 006
(c) City or town St. Louis 17/3
(If outside city or town limits, write "RURAL")
(d) Street No. 1111 N. 7th. St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EDWARD MAZANEC

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

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased unknown (about 1884)
(Month) (Day) (Year)

8. AGE: Years about 58 Months - Days - If less than one day - hr. - min.

9. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Shoemaker

11. Industry or business unknown

12. Name Edward Mazanec

13. Birthplace unknown Austria 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant L. Rigger def.
(b) Address City Sanitarium

17. (a) Burial (b) Date thereof 8/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Wm. L. Mayall
(b) Address 1926 Allen Ave.

19. (a) AUG 22 1942 (Date received local registrar) J. J. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19,
year 1942 hour 1:30 minute - P. M.

21. I hereby certify that I attended the deceased from 7-1-42 19- to 8-19-1942 19-
that I last saw him alive on 8-19-1942 19-
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bacterial Endocarditis
(onset 8-14-42x).

Due to -
Due to -

Other conditions -
(Includes pregnancy within 3 months of death)

Major findings: -
Of operations -

Of autopsy Yes.

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 -
Signature J. J. Bidelman (M. D. or other) 0
Address 5400 Arsenal St. Date signed 8-21-42

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

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..... *John E. Moydell*
Licensed Embalmer No. *1467*
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.