

FILED AUG. 20 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26250  
Registrar's No. 6748

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Anthony 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 1 day  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000  
(c) City or town St. Louis '23.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2406 Menard  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME INF. TOMASEK

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

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

7. Birth date of deceased Aug 9 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 hr 5 min.

9. Birthplace ST LOUIS No 0  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name Ewert Tomasek

13. Birthplace St Louis MO 0  
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Andryher

15. Birthplace St Louis MO 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Ewert Tomasek

(b) Address 2406 Menard

17. (a) Burial (b) Date thereof Aug 11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. J. S. Peter & Paul

18. (a) Signature of funeral director Henry I. Weidmuller

(b) Address 6703 Grand

19. (a) AUG 11 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10  
year 1942 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from 8/9 1942 to 8/10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Feeblemess Duration 1 day

Due to Premature Birth (37th week)  
Due to maternal obstruction of left Ovary 2 weeks

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 157 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 0

Signature Edw. Negreanu (M. D. or other)

Address 2924 S. Grand Date signed 8/10/42

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.....  
..... *not embalmed* Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.**