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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1942 318

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 28709

Registrar's No. 7662

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

1. PLACE OF DEATH:

(a) County

(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:
5315 Robert 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street 5315 Robert Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES FIALA

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single. 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 22 (Month) 1878 (Day) (Year)

8. AGE: Years 64 Months 26 Days 26 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Railway Express Co.

FATHER
12. Name John Fiala
13. Birthplace Bohemia (City, town, or county) 8 (State or foreign country)

MOTHER
14. Maiden name Theresa Pollak
15. Birthplace St. Louis (City, town, or county) 0 (State or foreign country)

16. (a) Informant Emma Farris
(b) Address 5315 Robert Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Sun Set Park

18. (a) Signature of funeral director Hiss Kite & Son
(b) Address 2906 Gravois Ave.

19. (a) SEP 14 1942 (Date received local registrar) (b) J. F. Andeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1942 hour 7 00 P.M.

21. I hereby certify that I attended the deceased from 4-5-38, 19 to Sept 12, 1942;
that I last saw him alive on 9-12-42, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to alcoholic cirrhosis

Duration: Since 1938

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

23. Signature O. C. Fisher M.D. (M. D. or other)
Address 4523 S. Kingsbighway Date signed 9/14/42

(Licensed Embalmer's Statement on Reverse Side)

18

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Geavers.

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.