

S. No. 2  
M-5-42  
7-5-17-39  
PI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39389

State File No. \_\_\_\_\_  
Registrar's No. 10735

FILED JAN - 5 1948  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town. St. Louis, Mo.  
(c) Name of hospital or institution: BARNES HOSPITAL  
(d) Length of stay: In hospital or institution. 11-19-42 to 12-22-42  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Mr. K. Stanley Otto SVELAK  
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 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Nov. 19th 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 1 3 \_\_\_\_\_ hr. 5 min.

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

10. Usual occupation Farmer

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

12. Name Frank Svelak " " \_\_\_\_\_

13. Birthplace \_\_\_\_\_ " " 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Selchik " " \_\_\_\_\_

15. Birthplace \_\_\_\_\_ " " 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. B. Sline

(b) Address Dallas Texas

17. (a) Removal (b) Date thereof 12-23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ennis, Tex.

18. (a) Signature of funeral director Albert H. Hoppe Inc.  
(b) Address 4700 Washington Blvd.

19. (a) DEC 23 1942 (b) J. F. Brebeck  
(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  
(d) Street No. 5906 McPherson Ave.  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22  
year 1942 hour 7 minute 23 P.M.

21. I hereby certify that I attended the deceased from 11-19  
\_\_\_\_\_ 1942 to 12-22 1942  
that I last saw him alive on 12-22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration \_\_\_\_\_  
Due to hemorrhage from st 1 da  
pulmonary artery  
Due to Staphylococcal empyema, st - 3 wks.  
Due to Open bronchus following 3 wks.  
st. pneumonectomy.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: Carcinoma of lung - st.  
Of operations \_\_\_\_\_  
Of autopsy Empyema - st. - Open  
pulm. artery and bronchus.

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 C. Bunter Mueller (M. D. or other) 190  
Address BARNES HOSPITAL Date signed 12-22-42

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**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.....

Licensed Embalmer No. **1861**

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.**