

Filed JAN 19 1943 318

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 134

1. PLACE OF DEATH:

(a) County.....
(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. Anthonys Hospital
(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:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **3705 Minnesota Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Frank Peterlik**

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

4. Sex **Male** 5. Color or Race **Wht.** 6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Mary Peterlik** 6. (c) Age of husband or wife if alive..... **65** years

7. Birth date of deceased..... **Unk. about 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 70 Unknown hr. min.

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

10. Usual occupation..... **Retired**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Frank Peterlik**
13. Birthplace..... **Czechoslovakia**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Anna Zahradka**
15. Birthplace..... **Czechoslovakia**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mary Peterlik**
(b) Address..... **3705 Minnesota**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **1/7/43**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **New S.S. Peter & Paul**

18. (a) Signature of funeral director..... **H. E. Maydell**
(b) Address..... **1926 Allen Ave.**

19. (a) **J. F. Bredeek** (b) **J. F. Bredeek**
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **4**
year **1943** hour **2** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **8/18/41**
19..... to **1/4** 19**43**
that I last saw him alive on **1/31** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Chronic myocarditis**
E. morbilli infection
Chronic nephritis
Due to..... **aplastic anemia.** Duration **3 yrs.**
2 1/2 yrs.
2 yrs.

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy..... **no**

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)..... **no**
(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) (c) Means of injury.....

23. Signature..... **W. W. Williams** (M. D. or other)
Address..... **3804 Wilmington Ave.** Date signed..... **1/5/43.**

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

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed John E. Moyell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen

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.