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

300-6-4-43

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1943

Registration District No. 217

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 19056

Registrar's No. 1302

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mueller Home 8149 Gravois Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County 0

(c) City or town Gardenville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8149 Gravois Ave,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Frank Mejstrik

3. (b) If veteran, name war No

3. (c) Social Security No. ------

4. Sex Male

5. Color or race Wht.

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

6. (b) Name of husband or wife Emma Mejstrik

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Oct. (Month) 4 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	7	27	hr. min.

9. Birthplace (City, town, or county) Czechoslovakia 6 (State or foreign country)

10. Usual occupation Retired Shoe Worker

11. Industry or business

FATHER
12. Name Frank Mejstrik
13. Birthplace (City, town, or county) Czechoslovakia 6 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Emma Mejstrik
(b) Address 1321 Lami Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June. 3. 43 (Month) (Day) (Year)
(c) Place: burial or cremation Sun Set Burial Park

18. (a) Signature of funeral director [signature]
(b) Address 1926 Allen Ave.

19. (a) JUN 3 1943 (Date received local registrar) (b) [signature] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1943 hour 6 minute A.M. M.

21. I hereby certify that I attended the deceased from 5-12, 1943, to 6-1, 1943; that I last saw him alive on 5-29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis general weakness

Due to paralisis spastic

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

82.1

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 0

23. Signature [signature] (M. D. or other) M.D.
Address 1259 N. Kingshighway Date signed 6-1-43

707

(Licensed Embalmer's Statement on Reverse Side)

SEP 8 1945

JUN 7 1945

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 D. M. Davis

Licensed Embalmer No. 3741

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.