S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26631

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7714

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: 2437 E N Grand 1
(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 000 17

(c) City or town St. Louis. 11 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2437 A N. Grand Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Joseph Filipak

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race Wht. 0

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Barbara

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

7. Birth date of deceased Unknown (Month) about (Day) 1864 (Year)

8. AGE: Years 79 Months Unknown Days If less than one day hr. min.
About 22

9. Birthplace (City, town, or county) Austria 4 (State or foreign country)

10. Usual occupation Retired Coal Miner

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

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

16. (a) Informant Emil Filipak
(b) Address 2437 A N. Grand Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/30/43 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefountain

18. (a) Signature of funeral director W. C. Maxwell
(b) Address 1926 Allen Ave.

19. (a) AUG 27 1943 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27 year 1943 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from Aug 25-43, 19 to Aug. 26 19 43 that I last saw him alive on Aug. 27 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocard

Due to 93 d

Due to

Other conditions Arteriosclerosis
(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.

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 Arthur H. Juengel (M. D. or other)
Address 1845 S. 14 W. Date signed Aug. 27-43

(Licensed Embalmer's Statement on Reverse Side)

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: Wm. C. Moysell

Licensed Embalmer No. 1467

P. O. Address 1928 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.