

FILED SEP 28 1943

Registration District No. _____

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town. St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2200 So 18th Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1
(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. 2200 So 18 Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME George Ivanko Sr.

3. (b) If veteran, name war No 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 52 years

7. Birth date of deceased Nov 18 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 10 _____ hr. _____ min.

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

10. Usual occupation Barber

11. Industry or business _____

12. Name Michael Ivanko

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Ivanko

(b) Address 2200 So 18 Street

17. (a) Burial (b) Date thereof 9/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm G. Moydell

(b) Address 1926 Allen Av.

19. (a) SEP 20 1943 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18
year 1943 hour I minut30 P. M.

21. I hereby certify that I attended the deceased from Aug. 6 1942, to Sept 18 1943;
that I last saw him alive on Sept 18 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death. Cirrhosis of LIVER Duration 5 yrs.

Due to _____
Due to _____

Other conditions Myocarditis 1 yr.
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None

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)
(e) Means of injury _____
23. Signature J. Swelovsky (M. D. or other) M.D.
Address 1935 1/2 Park Av. Date signed 9-19-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *W. B. Maydell*

Licensed Embalmer No. *1467*

P. O. Address: *1926 Allen av*

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.