

FILED SEP 21 1943

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Alexander Brothers 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 1/2 mo.
 (Specify whether _____)
 In this community _____
 years, months or days

8. (a) PRINT FULL NAME VLAHEK, JOHN

8. (b) If veteran, name war WW 8. (c) Social Security No. 312-09-7994

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased March 18 1910
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 5 25 hr. min.

9. Birthplace East St. Louis, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Winking Dredging Co. Panama

12. Name Joseph Vlahak

13. Birthplace Jugo-Slavon (City, town, or county) (State or foreign country)

14. Maiden name Victoria

15. Birthplace Jugo-Slavon (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Vlahak

(b) Address 1710 Brass Ave

17. (a) Cremated (b) Date thereof Sept 15 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (c) Signature of funeral director John J. Rossley

(b) Address 1101 N. 6th St. St. Louis

19. (a) SEP 13 1943 (b) J. W. Wroblewski
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
 (c) City or town East St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1710 Brass Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 5 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
 year 1943 hour 11 minute 4 M.

21. I hereby certify that I attended the deceased from June 11
1943 to Sept 13, 1943
 that I last saw him alive on Sept 13, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis
Pyemia

Due to Septicemia
Pyemia

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: abscess of H. upper
of operations
of autopsies
kidneys - from pyemia

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) (of Means of injury)

23. Signature [Signature] (M. D. or other) MD
 Address 3606 Sharnis Date signed 9/13/43

Duration
4 1/2
months

PHYSICIAN
 Underline the cause to which death should be charged statistically

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

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, above space should be left blank.