S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 4 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40681

Registrar's No. 11688

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:
Alexian Bros Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis. 9 24
(If outside city or town limits, write "RURAL")

(d) Street 3311 Wisconsin Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ANDREW HENRY VORACEK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

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

6. (b) Name of husband or wife Frances Voracek

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

7. Birth date of deceased June 8th 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days ~~2~~ 15 If less than one day hr. min.

9. Birthplace Bohemia (City, town, or county) 8 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Tailor

FATHER
12. Name ? Voracek
13. Birthplace Bohemia (City, town, or county) 8 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Bohemia (City, town, or county) 6 (State or foreign country)

16. (a) Informant ANNA MATHIAS
(b) Address 9022 Rosemery Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27/43 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL Park

18. (a) Signature of funeral director Thorkuts & Son
(b) Address 2906 Gravois Ave.

19. (a) DEC 27 1943 (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
1943 hour 10 00 P.M. minute M.

21. I hereby certify that I attended the deceased from Dec. 8, 1943, to Dec. 23, 1943
that I last saw him alive on Dec. 23, 1943,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 day
Due to Chr. Myocarditis	
Chr. Endocarditis mitral	
Due to Cortic Roughening	
Nephritis Glomerular	1942
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
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) none
(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 Jos Calabek (M. D. or other) MD
Address 2767 Gravois Ave Date signed 12-25-43

(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.....

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

working under my personal supervision.

Signed David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Grants ave

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.