V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40790

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10992

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: 11 N. 6th St. 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: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 9 25
(If outside city or town limits, write "RURAL")
(d) Street No. 11 N. 6th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Zykan

3. (b) If veteran, name war ----- 3. (c) Social Security No. ----

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

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

7. Birth date of deceased Unknown (Month) About (Day) 1873 (Year)

8. AGE: Years About 70 Months Unknown Days If less than one day ------- hr. min.

9. Birthplace Florissant (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business -------

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

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

16. (a) Informant Mary Hubecky
(b) Address 917 Lafayette. Florissant, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/43 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director Wm C. Mondell
(b) Address 1926 Allen Ave.

19. (a) DEC 13 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1943 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Arterio sclerosis

Due to

Due to

Other conditions 94a
(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 Thomas F. Callanan (M. D. or other) 3
Address Deputy Coroner Date signed 12-13-43

(Licensed Embalmer's Statement on Reverse Side)

1351

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 Allman

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.