V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21146

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 627

1. PLACE OF DEATH

(a) County Buchanan

(b) City or town St Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital #2
(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution (Specify whether
In this community 22 yrs 6 mo 16 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan 11

(c) City or town St Joseph 7
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country Czechoslovakia 0

3. (a) PRINT FULL NAME Paul Andrika

3. (b) If veteran, name war

3. (c) Social Security No 3472709

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased (Month) (Day) 1875 (Year)

8. AGE: Years 58 Months ✓ Days ✓ If less than one day ✓ hr. min.

9. Birthplace Tras Erostra Czechoslovakia (City, town, or county) Foreign (State or foreign country) 0

10. Usual occupation Cabinet maker

11. Industry or business ✓

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

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

16. (a) Informant Paul Hayes Intern

(b) Address ✓

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/44 (Month) (Day) (Year)

(c) Place: burial or cremation State Hospital cemetery

18. (a) Signature of funeral director

(b) Address 6054 Pryor Ave., City

19. (a) 6/3/44 (Date received local registrar) (b) Helen I Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1944 hour 9 minut 30 A M.

21. I hereby certify that I attended the deceased from May 11, 1944, to May 28, 1944, that I last saw him alive on May 27, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia — Duration 2 days

Due to Hernia operation

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Scrotal hernia with adhesions

Of autopsy

122 f1

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 Lee I Shick (M. D. or other)

Address State Hospital #2 Date signed 6/2/44

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(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 body was not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo.

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.