

FILED OCT 7 1944
3/7

State File No.

Registration District No.

Primary Registration District No. 3068

Registrar's No. 2027

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3224 Laclede Station Rd.
(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:
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3224 Laclede Station Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alex Hajek
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 Married
6. (b) Name of husband or wife Frances Hajek 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased March 4 1885
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Gardner

11. Industry or business _____

MOTHER FATHER { 12. Name William Hajek
13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)
14. Maiden name Mary
15. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Hajek
(b) Address 3224 Laclede Station Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/44
(Month) (Day) (Year)
(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director W. E. Moydell
(b) Address 1926 Allen Ave.

19. (a) OCT 5 1944 (Date received local registrar) (b) E. S. Melman M.D. (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 3 First
year 1944 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from Sept 1
1944 to Oct 11 1944
that I last saw him alive on Oct 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chr Duration 10 yr

Due to Asthma bronchial
neuropathic Chr.
arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 1318

Major findings: Of operations _____ Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Carl G. Just (M.D. or other)
Address Welsh & Snow Date signed 10-3-44

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

96
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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 W. C. Mayall
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.