

**FILED JAN 25 1945**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **319**

**1. PLACE OF DEATH:**

(a) County **ST LOUIS**  
(b) City or town **ST LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1023 GARTH AVE**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **NONE**  
(Specify whether  
In this community **8 1/2**  
years, months or days)

3. (a) PRINT FULL NAME **WALTER SLIZEK**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **JOSEPHINE SLIZEK** (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **MARCH 1 1896**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **10** Days **9** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **RUSSIAN** (City, town, or county) (State or foreign country) **6**

10. Usual occupation **RETIRED**

11. Industry or business \_\_\_\_\_

12. Name **UNKNOWN** **6**

13. Birthplace **RUSSIA** (City, town, or county) (State or foreign country) **6**

14. Maiden name **UNKNOWN**

15. Birthplace **RUSSIA** (City, town, or county) (State or foreign country) **6**

16. (a) Informant **Joseph Bohan**  
(b) Address **427 Antelope St.**

17. (a) **BURIAL** (b) Date thereof **JAN. 13-1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. PETERS CEM.**

18. (a) Signature of funeral director **Friedrich F. HOME**  
(b) Address **8319 Halls Ferry Rd.**

19. (a) **JAN 12 1945** (Date received at Registrar) **J. A. Breneck** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **St. Louis**  
(c) City or town **ST. LOUIS** (If outside city or town limits, write "RURAL") **8 17 9**  
(d) Street No. **1023 GARTH AVE** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **JAN.** day **10**  
year **1945** hour **5** minute **36** P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Chronic Myocarditis**

Due to **arteriosclerosis**

Due to **92**

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **Robert E. Taylor** (M. D. or other) \_\_\_\_\_

Address **Dep. Ch.** Date signed **1/12/45**

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

MOTHER FATHER

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Arthur P. Deedrich* .....

Licensed Embalmer No..... *35-561* .....

P. O. Address..... *St. Louis* .....

**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.**