

S. No. 2  
M-5-42  
7-5-17-39  
PI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 16 1945

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7999

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 2142

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:  
1826 S.13 Str.  
(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 \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1826 S.13 Str.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Makina  
(b) If veteran, name war No  
(c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color or race Wht.  
6. (a) Single, widowed, married, divorced Wid.  
(b) Name of husband or wife Barbara Makina  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Unknown about 1867  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 4  
year 1945 hour 10 minute 30 P.M.  
21. I hereby certify that I attended the deceased from May 3  
1940, to March 4, 1945;  
that I last saw him alive on March 3, 1945;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
About 68 Unknown hr. min.  
9. Birthplace Slovakia  
(City, town, or county) (State or foreign country)  
10. Usual occupation Laborer  
11. Industry or business \_\_\_\_\_  
12. Name George Makina  
13. Birthplace Slovakia  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
16. (a) Informant Edward Makina  
(b) Address 1826 S.13 Str.  
17. (a) Burial (b) Date thereof 3/7/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New S.S. Peter & Paul  
18. (a) Signature of funeral director Wm. B. Moyall  
(b) Address 1926 Allen Ave.  
19. (a) MAR 6 1945 (b) J. F. Brudeck  
(Date received by local registrar) (Registrar's signature)

Immediate cause of death  
Chronic myocarditis @ c  
cardio-vascular renal syndrome  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations no  
Of autopsy no  
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) no  
(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 Wm. B. Moyall (M. D. or other) \_\_\_\_\_  
Address 3807 W. Livingston Date signed 3/5/45

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

MOTHER FATHER

**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 J. M. Davis  
Licensed Embalmer No. 3741  
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.**