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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 7 1945

State File No. 25398

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7630

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: DePaul Hospital 0
(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 000 6

(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4914 Aldine Ave 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mathias Bakos

3. (b) If veteran, name war - - - - -

3. (c) Social Security No. 492-10-1736

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married/

6. (b) Name of husband or wife Rose Bakos

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Sept 19 1886 (Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Yugo Slavia X (City, town, or county) (State or foreign country)

10. Usual occupation Moulder

11. Industry or business

FATHER
12. Name Adam Bokas
13. Birthplace Yugo Slavia X (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Baldovitz
15. Birthplace Yugo Slavia X (City, town, or county) (State or foreign country)

16. (a) Informant Rose Bokas
(b) Address 4914 Aldine Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/3/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) AUG 31 1945 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 31 year 1945 hour 1 minute 45a M.

21. I hereby certify that I attended the deceased from April 27, 1945, to Aug 31, 1945 that I last saw him alive on Aug 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Mediastinum — Duration 7 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

47 f

47 f

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 Delmar Adkins (M. D. or other)

Address 2301 No Kingshighway Date signed 8/31

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ben E. Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis, 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.