S. No. 2
M—2-43
v. 5-17-39
I X35597

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

34620

FILED NOV 3 1945

State File No.

Registration District No. 37

Primary Registration District No. 6076

Registrar's No. 2485

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 46 days (Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5408 Neosha 9
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME HAVLIK, Frank O.

3. (b) If veteran, name war World I

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Gladys Havlik

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June (Month) 3 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	4	23	hr. min.

9. Birthplace Ferden (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Defense Worker.

11. Industry or business --

FATHER
12. Name Joseph Havlik
13. Birthplace Prague (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Amelia Titt
15. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

16. (a) Informant Acting Clinical Clerk, Vet. Adm.
(b) Address Fac., Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 29 45 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) 10-30-45 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature) 2 SC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26
year 1945 hour 5:45 minute A. M.

21. I hereby certify that I attended the deceased from September 10, 1945 to October 26, 1945; that I last saw him alive on October 26, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CANCER, PANCREAS WITH CYSTIC DEGENERATION.	Unknown
Due to -- 46 g	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy See cause of death.

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature E. V. EDWARDS, Lt. Col., Clinical Director. (M. D. or other) M.C.
Address Vet. Adm. Fac. Jeff. Brks. Mo. Date signed 10/26/45

(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1946

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 Edwin D Mc Dermo

Licensed Embalmer No. 3024

P. O. Address.....

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.