

No. 2  
1-5-43  
5-17-39  
I X36671

**FILED** JAN 21 1946  
Registration District No. **21846**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri.**  
(b) City or town **St. Louis, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital Max C. Starkloff Memorial**  
(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 **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2507a So. 2nd. Street**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **SAM BAZAT**

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 **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Dec. 26, 1894**  
(Month) (Day) (Year)

8. AGE: Years **51** Months **0** Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Waiter**

11. Industry or business **Cafe**

12. Name **Sam Bazat**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Joe Bazat**

(b) Address **202 Victor Street**

17. (a) **Burial** (b) Date thereof **Jan. 12, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mathews Cem.**

18. (a) Signature of funeral director **Weick Bros.**

(b) Address **2201 So. Grand Blvd.**

19. (a) **JAN 11 1946** (b) **J. Breakey**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **9th**  
year **1946** hour **5:46** minute **P** M.  
21. I hereby certify that I attended the deceased from **12/28/45**  
19\_\_\_\_, to **1/9/46**, 19\_\_\_\_;  
that I last saw him alive on **1/9/46**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic heart disease**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **93**  
(Include pregnancy within 3 months of death)

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

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)  
(c) Means of injury **0**

23. Signature **James J. Smith** 1515 Lafayette 1/10/46  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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.....

*Rex P. Campbell*

Licensed Embalmer No. ....

*3881*

P. O. Address.....

*10 Davis Ave*

**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.**