

FILED JUL 3 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5549

1. PLACE OF DEATH:

(a) County St Louis mo
(b) City or town St Louis mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2723 Indiana Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether)
In this community Life (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. 2723 Indiana Ave (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME ALBERT STANECK

3. (b) If veteran, name war. (c) Social Security No. 494-09-0277

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. Aug 22 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 29 hr. min.

9. Birthplace ST LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation BREWERY WORKER

11. Industry or business

12. Name CHARLES STANECK

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

14. Maiden name LOUISA Vogt
(City, town, or county) (State or foreign country)

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

16. (a) Informant Chas. Staneck

(b) Address 917 Withwell St.

17. (a) Burial (b) Date thereof June 24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Thos. Matyjas & Son

(b) Address 2906 GRANOLS AVE

19. (a) JUN 23 1946 (b) J. P. Poredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1946 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from June 6, 1945, to June 20, 1945.
(that I last saw him/her alive on June 20, 1945, and that death occurred on the date and hour stated above.)

Immediate cause of death Acute Myocarditis 3 days
From Chronic Myocarditis
Due to sky pattern 10 months

Due to arterio-sclerosis 10 months
Other conditions 92
(Include pregnancy within 3 months of death)

Major findings: Of operations: 92
Of autopsy: 92

Duration
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? _____ (c) Means of injury 0

23. Signature Albert G. Bina (M. D. or other) _____
Address 1411 B 12th Date signed 6/22 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.....

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

Signed.....

David Tau Fossan

Licensed Embalmer No.....

4242

P. O. Address.....

2906 Harris 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.