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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1946

State File No. 25345

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6407

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

24195

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: 3841a SHAW
(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. 3841a SHAW
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM J. HLAVSA

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 AUGUST (Month) 12 (Day) 1872 (Year)

8. AGE: Years 73 Months 11 Days 7 If less than one day hr. min.

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

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name WM J. HLAVSA
13. Birthplace (City, town, or county) Bohemia (State or foreign country)

MOTHER
14. Maiden name ELIZABETH HUBER
15. Birthplace (City, town, or county) Bohemia (State or foreign country)

16. (a) Informant ANNABELLE HLAVSA
(b) Address 3841a SHAW

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 22 1946 (Month) (Day) (Year)
(c) Place: burial or cremation OLD SS. PETER + PAUL

18. (a) Signature of funeral director Thos Nutis + Son
(b) Address 2906 GRAVOIS

19. (a) JUL 21 1946 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1946 hour 1 minute 15 p. M.

21. I hereby certify that I attended the deceased from May 1, 1946, to July 19, 1946 that I last saw him alive on July 15, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Dilatation	1 hour
Due to Myocarditis	5 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Phil Lardenhuer (M. D. or other) MD

Address 3903 Olive St. St Louis 8 Mo Date signed 7/20/46

(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 David Van Fassan

Licensed Embalmer No. 4242

P. O. Address 2906 Harrison

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.