S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29251

Registration District No. 319 Primary Registration District No. 6078 Registrar's No. 53

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

(b) City or town STE GENEVIEVE — Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 25 yrs

2. USUAL RESIDENCE OF DECEASED: 95

(a) State MISSOURI (b) County STE. GENEVIEVE

(c) City or town STE. GENEVIEVE - Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country AUSTRIA

3. (a) PRINT FULL NAME NICK WAKOC

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 WIDOWED

6. (b) Name of husband or wife UNKNOWN

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

7. Birth date of deceased (Month) (Day) 1869 (Year)

8. AGE: Years 77 Months Days If less than one day hr. min.

9. Birthplace AUSTRIA (City, town, or county) EUROPE (State or foreign country)

10. Usual occupation FARM HAND

11. Industry or business

MOTHER FATHER

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant FRANK KOBOLASKY

(b) Address LAWRENCETON MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-3-46 (Month) (Day) (Year)

(c) Place: burial or cremation STE. GENEVIEVE MO

18. (a) Signature of funeral director Leo C. Bieber

(b) Address Ste. Genevieve Mo.

19. (a) Aug 4-46 (Date received local registrar) (b) Teresa M. Karl (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 2 year 1946 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from July 29, 1946, to Aug 1, 1946, that I last saw him alive on Aug 1, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	?
Due to: Generalized Arteriosclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations 9 3d

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 0

23. Signature A. L. Lanning M.D. (M. D. or other)

Address Ste. Genevieve Mo Date signed 8/3/46

350 (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. Leo C. Basler

Licensed Embalmer No. 1985

P. O. Address. Ste. Genevieve 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.