

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43154**

Registration District No. **319**

Primary Registration District No. **4468**

Registrar's No. **80**

1. PLACE OF DEATH:

(a) County **ST. GENEVIEVE**

(b) City or town **ST. MARY'S**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **NONE**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **LIFE**
years, months or days

3. (a) PRINT FULL NAME **JOHN S. TLAPEK**

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 **MARRIED**

6. (b) Name of husband or wife **ANNIE JOKERST**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased: **NOV 22 1878**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68		24	hr. _____ min.

9. Birthplace **ST. MARY'S MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business _____

MOTHER FATHER

12. Name **JOHN TLAPEK**

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

14. Maiden name **ROSE MARY BOLY**

15. Birthplace **ST. GENEVIEVE MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Tlappek**

(b) Address **St. Mary's Mo**

17. (a) **BURIAL** (b) Date thereof **12-18-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. MARY'S MO**

18. (a) Signature of funeral director **Doc. Baker**

(b) Address **St. Genevieve Mo**

19. (a) **Dec. 19-46** (b) **James M. Earl**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST. GENEVIEVE**

(c) City or town **ST. MARY'S**
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **16**
year **1946** hour **3** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Dec 16**, 19**46**, to **Dec 16**, 19**46**
that I last saw him alive on **Dec 16**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute Coronary Thrombosis** Duration **12/16/46**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **Q4A**

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? _____

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

23. Signature **Doc. Baker** (M. D. or other) _____
Address **St. Genevieve Mo** Date signed **12/16/46**

FEB 13 1947

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..... *Leoc. Basher*

Licensed Embalmer No. *1985*

P. O. Address *St. 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.