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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7172

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1046

1. PLACE OF DEATH:

(a) County MISSOURI

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

(c) Name of hospital or institution: ST. LOUIS CITY HOSPITAL
(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 ..... odd

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3182 PENNSYLVANIA
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME John F. ZACEK

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 ANTOINETTE

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

7. Birth date of deceased JULY (Month) 5 (Day) 1872 (Year)

8. AGE: Years 74 Months 6 Days 25 If less than one day ..... hr. ..... min.

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

10. Usual occupation RETIRED BAKER

11. Industry or business .....

FATHER
12. Name WILLIAM ZACEK
13. Birthplace ..... (City, town, or county) Bohemia (State or foreign country)

MOTHER
14. Maiden name ANNA OSTENDORF
15. Birthplace ..... (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant ANTOINETTE ZACEK
(b) Address 3182 PENNSYLVANIA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 1, 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ OLD SS. PETER & PAUL

18. (a) Signature of funeral director Thomas Kuti & Son
(b) Address 2906 GRAVOIS

19. (a) JAN 31 1947 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 30 year 1947 hour 1 minute 28 A.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	
Due to	
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 Patrick E. Taylor Dep. Cor (M.D. or other)
Address 1300 Clark Date signed 1-31-47

(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 J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, 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.