

No. 2
2-45
17-39
X47070

FILED APR 8 1947
318

State File No. _____
Registrar's No. 2010

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
1927 Wyoming Street
(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. 1927 Wyoming Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME FRANK SLUKA SR.

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 Widower

6. (b) Name of husband or wife Rose Sluka 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 2-1859
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th
year 1947 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from March 18
1947, to Mar 20 1947
that I last saw him alive on March 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis & arteriosclerosis

Due to _____

Due to _____

Other conditions acute flu
(Include pregnancy within 3 months of death)

Duration many months.

3 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations no

Of autopsy yes

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 _____

23. Signature Imp. H. H. H. H. H. (M. D. or other) _____
Address 3804 Wilming St. Ar. Date signed 3/20/47

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

88	1	18	hr. min.
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9. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

10. Usual occupation Shoemaker (Retired)

11. Industry or business _____

MOTHER { 12. Name (unknown) Sluka

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

14. Maiden name Unknown

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

16. (a) Informant Frank Sluka Jr.
(b) Address 7335 Lohmeyer, Maplewood, Mo.

17. (a) Burial (b) Date thereof Mar. 22-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Wm. J. Breese
(b) Address 1926 Allen Avenue

19. (a) APR 21 1947 (b) J. F. Breese
(Date received local registrar) (Registrar's signature)

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

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.....

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

Signed Benj. L. Duncan
Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.