

S. No. 2
1-12-45
7-5-17-39
I X47070

FILED MAY 9 1947
318

Registration District No. _____ Primary Registration District No. **1003**

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

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:
4621 Pennsylvania
(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

3. (a) PRINT FULL NAME Thomas Duchek

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theresa

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased July 4 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>9</u>	<u>24</u>	hr. min.

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

10. Usual occupation Painter John-Deer Plow Co.

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Duchek Sr.

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

14. Maiden name Not Known

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

16. (a) Informant Theresa Duchek

(b) Address 4621 Pennsylvania

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset-Burial-Park

18. (a) Signature of funeral director Schumacher Und Co.

(b) Address 3013 Meramec St.

19. (a) APR 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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. 4621 Pennsylvania
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1947 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 12 1947 to April 27 1947
that I last saw him alive on April 27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Med Cerebral Neurotoxicity
Due to John Pneumonia

Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations _____ Of autopsy _____

Duration 48 da.
6 da.

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 _____

23. Signature Walter J. Vans (Date signed) _____
Address 4134 Virginia Date signed 4/28/47

4535 Van. Toft
Hans

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 Francis Williamson.....

Licensed Embalmer No. 3565.....

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.