

S. No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18770  
State File No.  
Registrar's No. 5400

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Alexian Bros. Hospital,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Days,  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County 000  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3848a Missouri Ave.,  
24 (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME John Dvorak,  
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 Irene M. Dvorak,  
6. (c) Age of husband or wife if alive 41 years  
7. Birth date of deceased September 29, 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 8 2 hr. min.

9. Birthplace St. Louis, Missouri,  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business.....

MOTHER FATHER

12. Name John Dvorak,

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

14. Maiden name Philemonia Bosek,

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

16. (a) Informant Irene M. Dvorak,

(b) Address 3848a Missouri,

17. (a) Burial, (b) Date thereof 6/3/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery,

18. (a) Signature of funeral director Gobken-Benz Mortuary  
(b) Address 2842 Meramec St.,

19. (a) JUN 1 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st  
year 1947 hour 2: minute 20 A.M.

21. I hereby certify that I attended the deceased from 5/1 1947 to 5/30 1947  
that I last saw h. in alive on 5/30/47 and that death occurred on the date and hour stated above.

Immediate cause of death Heart  
Carcinoma of the  
Duration

Due to Carcinoma of the tail of the pancreas

Due to Asites  
Other conditions Hypertension  
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Carcinoma of the abdomen

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 B. J. McNeill (M. D. or other) 0  
Address 361 S. Grand Date signed 5/31/47

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

*mil*

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**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 *Lawson E. Percy*.....

Licensed Embalmer No. *4084*.....

P. O. Address..... *2842 Meramec St.,*  
*St. Louis, 18, 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.**