. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25967

FILED AUG 15 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7407

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(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 Cond

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1105a Geyer Avenue 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph Rasplicka

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased February 22-1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	5	13	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John Rasplicka
13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Scuchy
15. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Gentile
(b) Address Rt. 13, Kirkwood, Mo.

17. (a) Burial (b) Date thereof Aug. 7-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director Mayfield
(b) Address 1926 Allen Avenue

19. (a) AUG 7 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5th
year 1947 hour 7:30 minute P M.

21. I hereby certify that I attended the deceased from 1/28/47
, 19, to Aug. 5th 1947;
that I last saw him alive on Aug. 5th 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1) Prefrontal Lobotomy Palliative
2) Carcinoma of tongue
Of autopsy

PHYSICIAN
Underline the cause of 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 H. Trafton (M. D. or other) M. D.
Address 1915 Lafayette Date signed 8/6/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

H. TRAFTON

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. C. 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.