No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003

State File No. 2458
Registrar's No. 218

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: Missouri Baptist 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town University City,
(If outside city or town limits, write "RURAL")
(d) Street No. 6511 Crest Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME JOHN F. 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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased September ~~9~~ 10 - 1872
(Month) (Day) (Year)

8. AGE: Years 75 ~~72~~ Months 3 Days 26 ~~27~~ If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Postal Employee
11. Industry or business
12. Name Michael Dvorak
13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Pavel
15. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Rose Cline
(b) Address 4624 Milentz Avenue
17. (a) Burial (b) Date thereof 1-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
(d) Signature of funeral director Moydell Und. Co
(e) Address 1926 Allen ave
19. (a) JAN 8 1948 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

Cancelled after 5-22-48 H.C. Stahl

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1948 hour 6 minute 45 a M.

21. I hereby certify that I attended the deceased from January 3, 1948, to Jan. 6, 1948
that I last saw him alive on January 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure - Bronchopneumonia

Due to

Due to

Other conditions Inoperable Carcinoma of Colon
(Include pregnancy within 3 months of death)

Major findings:
Of operations Inop. Ca of Colon found at exploratory at Barnard Skin & Cu H
Of autopsy not performed

Duration

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 Donald E. Killer M.D. (M. D. or other)
Address 3121 N. Grand Date signed Jan 7 '48

(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.....

.....Mo....., 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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
City / County of St. Louis } ss.

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21st day of January, 1948, before me appears Mrs Rose Cline, who, upon her oath, states that the original record of death for John F. Dvorak died January 6th, 1948, in the State of Missouri, and which was filed at St. Louis, Mo. on Jan. 6th 1948, should be corrected as follows:

Item No. 7 should read September 10-1872
Instead of September 9-1875

Item No. 8 should read 75 Years, 3 Months, 26 Days
Instead of 72 Years, 3 Months, 27 Days

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL.)

Affiant Rose Cline — Sister
Relationship.

Present Address.

Subscribed and sworn to before me this 21st day of January, 1948

My Commission expires Sept. 22nd, 1950 — George Svoboda — Notary Public.

JAN 22 1948 BUREAU OF VITAL STATISTICS

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
10M-5-43
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