

S. No. 2  
M-1/47  
v. 5-17-39

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10466**  
3189  
Registrar's No. ....

National Office of Vital Statistics  
**FILED APR 12 1948**  
318

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

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

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:  
**Enroute City Hospital #1 3**  
(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. **710 Ann Avenue**  
**23** (If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **FRANK J. MASEK**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single ~~Married~~ **Divorced**

6. (b) Name of husband or wife **Rosa Masek** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **January 29-1878**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	2	2	..... hr. .... min.

9. Birthplace **Detroit, Michigan**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business.....

12. Name **Joseph Masek** 6  
Birthplace **Czechoslovakia**  
(City, town, or county) (State or foreign country)  
Maiden name **Anna Krejci**  
Birthplace **Czechoslovakia**  
(City, town, or county) (State or foreign country)

(a) Informant **Mary Masek Davis**  
(b) Address **710 Ann Avenue**

17. (a) **Burial** (b) Date thereof **4-2-1948**  
Burial, cremation, or removal (Month) (Day) (Year)

(c) Place: burial or cremation **New Picker**

18. (a) Signature of funeral director **Myrdell M... Co.**  
(b) Address **1926 Allen Avenue**

19. (a) **APR 2 1948** (b) **J. F. Bredack**  
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **31st**  
year **1948** hour **8** minute **00** P. M.

21. I hereby certify that I attended the deceased from.....  
19..... to..... 19.....  
that I last saw him..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Chronic (Fatty) myocarditis**

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

Major findings:  
Of operations.....

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?.....  
While at work?..... (Specify type of place)

23. Signature **Dobruka P. Taylor** (Physician)  
**Reg. Co. BA/4/48** (Date signed)

Address.....

can be kept to 3-4-8  
H. F. 7-1-48

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 \_\_\_\_\_

Not Embalmed ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Benj. L. Dotman .....

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. ....

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

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 3189

On this 10th day of April, 1948, before me appears William C. Moydell, who, upon his oath, states that the original record of ~~birth~~ death for Frank J. Masek died March 31st, 1948, in the State of Missouri, and which was filed at St. Louis, Mo. on Apr. 2nd 1948, should be corrected as follows:

Item No. 6 (a) should read Divorced  
Instead of Married

Item No. 16 (a) should read Mary Davis  
Instead of Mary Masek

Item No. 6 B should read — — — — —  
Instead of Rose Masek

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 Wm C. Moydell Funeral Director  
1926 Allen Ave., St. Louis 4, Mo. Relationship  
Present Address.

Subscribed and sworn to before me this 10th day of April, 1948.

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

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

S-10466