

FILED APR 30 1948 318
Registration District No.

Primary Registration District No.

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:
BETHESDA HOSPITAL **O**
(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..... **ST. LOUIS** **96**

(c) City or town..... **ST. LOUIS**
(If outside city or town limits, write "RURAL")

(d) Street No. **7744 MOHAWK.** **O**
NR. (If rural, give location)

(e) Citizen of foreign country? **Yes.** (Yes or No)
If yes, name country..... **Vienna, Austria.**

3. (a) PRINT FULL NAME..... **FRANZ J. HYNEK.**

3. (b) If veteran, name war..... **None.**

3. (c) Social Security No. **None.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **April** day..... **20**
year..... **1948** hour..... **11** minute..... **25** M.

4. Sex..... **Male** **O** 5. Color or race..... **White**

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

6. (b) Name of husband or wife..... **Valerie Hynek**

6. (c) Age of husband or wife if alive..... **62** years

7. Birth date of deceased..... **NOVEMBER 30 1877**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 10-1948** to **April 20 1948**

that I last saw him alive on **April 20 1948** and that death occurred on the date and hour stated above.

Immediate cause of death..... **Broncho pneumonia** **16 hrs**
Duration

8. AGE: Years Months Days If less than one day

70 **4** **20** hr. min.

Due to..... **Staphylococcus pneumoniae**

9. Birthplace..... **Vienna, Austria**
(City, town, or county) (State or foreign country)

Due to..... **107**

10. Usual occupation..... **Retired;**

Other conditions..... **Paralysis of bladder** **1 yr.**

11. Industry or business..... **Glass Manufacturer.**

Major findings:
Of operations.....

12. Name..... **Joseph Hynek.**

Of autopsy.....

13. Birthplace..... **Austria** **4**
(City, town, or county) (State or foreign country)

Underline the cause of which death should be charged statistically.

14. Maiden name..... **Anna Karunek.**

15. Birthplace..... **Austria.** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Dr. M. A. Webb.**

(b) Address..... **7744 Kohawk Drive.**

17. (a) **Burial** (b) Date thereof..... **4-22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Oak Grove Cemetery.**

18. (a) Signature of funeral director..... **C. R. LUPTON & SONS.**

(b) Address..... **7233 DELMAR BLVD.**

19. (a) **APR 22 1948** (b) **J. J. Brudek**
(Date received local registrar) (Registrar's signature)

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?..... **O**

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

23. Signature..... **Carl A. Powell** (M. D. or other).....

Address..... **3511 Ruanar Ave** Date signed..... **4-20-48.**

Dr. Cecil R. Powell
3511 Francis
93-6028
2-5-72

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.