

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 144677

Registrar's No. 3343

FILED APR 23 1948

318

Registration District No. 1003

Primary Registration District No. 1003

State File No. 144677

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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: Lutheran 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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County no
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4945a Magnolia Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME INFANT MORAVEK

(b) If veteran, name war..... (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 April 6-1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 br. 55 min.

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

10. Usual occupation Nil

11. Industry or business.....
12. Name Milton Moravek
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Norma Kounovsky
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Milton Moravek
(b) Address 4945a Magnolia Avenue

17. (a) Burial (b) Date thereof 4-7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthew Cemetery

18. (a) Signature of funeral director Model and Co
(b) Address 1926 Allen Avenue

19. (a) APR 7 1948 (b) G. J. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1948 hour 4 minute 00 A. M.

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

Immediate cause of death Prenatal
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?.....

23. Signature R. Bere (M. D. or other)
Address 2253 Helms Date signed 4/6/48

Duration
PHYSICIAN
Underline the cause of which death should be charged statistically.

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. 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.