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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34984

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. [illegible]

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Hts (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys 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 St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4660 Tennessee Avenue (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EMIL F. PELIKAN

3. (b) If veteran, name war

3. (c) Social Security No. 489-05-1243

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emma Pelikan

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased December 2-1893 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	10	6	hr. min.

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

10. Usual occupation Foreman

11. Industry or business

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

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

16. (a) Informant Emma Pelikan

(b) Address 4660 Tennessee Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Moydell Und

(b) Address 1926 Allen Avenue

19. (a) 10-11-48 (Date received local registrar) (b) Cecil A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month October day 8th year 1948 hour 4 minute 03 P.M.

21. I hereby certify that I attended the deceased from Oct. 5, 1948 to Oct. 8, 1948; that I last saw him alive on Oct. 8, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion (acute)	10-4-48
Due to: 94a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 E. Lee Shrader (M. D. or other)

Address 3720 Washington Date signed 10-9-48

(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.....

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

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