

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33205**
Registrar's No. **8302**

FILED SEP 25 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 4 mos		d. LENGTH OF STAY (in this place) 2 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmiry Hospital		e. STREET ADDRESS (If rural, give location) 3216 Miami St.	
3. NAME OF DECEASED (Type or Print) a. (First) NAT		b. (Middle)	
c. (Last) MACHEK		4. DATE OF DEATH (Month) (Day) (Year) 9 3 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 29, 1865
9. AGE (In years last birthday) 87		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 1 YEAR Hours Mins.		12. IF UNDER 1 YEAR Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed 30 years		10b. KIND OF BUSINESS OR INDUSTRY --	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Minnie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME August C. Haller-3448 Humphrey	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH years	
ANTECEDENT CAUSES Generalized Arteriosclerosis		years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (a) Arteriosclerosis	
DUE TO (b)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	
22. I hereby certify that I attended the deceased from May 1, 1951 , to Sept. 3, 1952 , that I last saw the deceased alive on Sept. 3, 1952 , and that death occurred at 3:05A m. , from the causes and on the date stated above.			
23a. SIGNATURE George E. Baker, M.D. (Degree or title)		23b. ADDRESS 5600 Arsenal St.	
23c. DATE SIGNED 9/3/52		24a. BURIAL, CREMATION, REMOVAL Removal	
24b. DATE 9/3/52		24c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery	
24d. LOCATION (City, town, or county) (State) Quincy, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldlerle ADDRESS -3634 Gravois	
DATE REC'D BY LOCAL REG. SEP 3 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Robert C. Wheeler

Licensed Embalmer No. 2128

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.