

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33528

State File No.

8469

FILED SEP 25 1952

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

Registrar's No.

1. PLACE OF DEATH a. CITY OR TOWN ST. LOUIS MO.		c. LENGTH OF STAY (in this place)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4310 ARSENAL		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2169		d. STREET ADDRESS (If rural, give location) 16 4310 ARSENAL	
3. NAME OF DECEASED (Type or Print) JOHN		a. (First)	b. (Middle) F.	c. (Last) VAVRA	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 7 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 11 1895	9. AGE (In years last birthday) 57 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY INTERNATIONAL OIL BURNER		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI U	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME BERNARD VAVRA		13b. MOTHER'S MAIDEN NAME FRANCES FILIP	
14. NAME OF HUSBAND OR WIFE EMMA VAVRA		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 49-20-6020	
17. INFORMANT'S SIGNATURE OR NAME EMMA VAVRA		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 18. CAUSE OF DEATH		ADDRESS 4310 ARSENAL	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 260X	
22. I hereby certify that I attended the deceased from 5-7-1947 to 9-7-1952 , that I last saw the deceased alive on 9/24 , 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.					
23a. SIGNATURE C. J. Plog M.D.		(Degree or title)		23b. ADDRESS 3150 Kingswood	
23c. DATE SIGNED 9/8/52		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE SEPT 10 1952	
24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith	
DATE REC'D BY LOCAL REG. SEP 9 1952		REGISTRAR'S SIGNATURE Carl Smith		ADDRESS 2906 Gravin	

(Licensed Embalmer's Statement on Reverse Side)

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

Facilities found
8 to 11 - 2 to 3 PM

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 Harner C Hill

Licensed Embalmer No. 4347 91

P. O. Address 2902 Lewis

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.