

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5430 Southwest Ave.
(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 4 0 0

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. 5430 Southwest Ave. 13
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME VACLAV SKALA

3. (b) If veteran, name war nil 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Aloisia 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June 11, 1848
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 0 10 hr. min.

9. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name John Skala

13. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Aloisia Skala

(b) Address 5430 Southwest Ave.

17. (a) Cremation (b) Date thereof June 25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wm. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) JUN 24 1948 (b) J. H. Bredech
(Date recorded by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1940 hour 10 minute N P.M.

21. I hereby certify that I attended the deceased from May 25th
May 25th 1940, to June 21st 1940
that I last saw him alive on June 21st 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cataractal Jaundice Duration 5/25/40 to 6/15/40
Due to Acute indistinct

Other conditions Bronchitis Chronic
(Include pregnancy within 3 months of death) Arterio Sclerosis

Major findings: 1276
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. H. Steerman M.D. (M.D. or other)
Address 5428th Magnolia Date signed 6/22/40

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Benj C Duncan
Licensed Embalmer No. 2-72
P. O. Address 1926 Allen

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, above space should be left blank.