

F4584
S. No. 2
11-10-39
v. 5-17-39
I X214

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23508

State File No. _____

REG 25 1940 791

Primary Registration District No. 1003

Registrar's No. 5953

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: City Hospital, #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Days
 (Specify whether
 In this community About 30 years
 years, months or days)

3. (a) PRINT FULL NAME Jerry Fajt 230

3. (b) If veteran, name war none
 3. (c) Social Security No. 490-03-5667

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

6. (b) Name of husband or wife Antonie Fajt 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Sept. 10, 1889
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>10</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Poland
 (City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business _____

12. Name Anton Fajt 7

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

14. Maiden name Julia Struska

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

16. (a) Informant Antonie Fajt

(b) Address 1853 S. 14th St.

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

(c) Place: burial or cremation Missouri Crematory

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

(b) Address 1926 Allen Ave.

19. (a) JUL 16 1940 (b) J. F. Brudek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 23
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1853 S. 14th Street
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? About 30 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14,
 year 1940 hour 8:05 minute _____ P.M.

21. I hereby certify that I attended the deceased from July
7, 1940, to July 14, 1940
 that I last saw him alive on July 14, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Hypertensive Heart Disease
Decompensated
Cardiac Hypertrophy

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

Duration _____
 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 E. J. Fellers (M. D. or other) _____
 Address 1515 Lafayette Date signed 7/15/40

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 Berg E. Duman
Licensed Embalmer No. 3272
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.