

791 STANDARD CERTIFICATE OF DEATH
1003

State File No. _____

Registrar's No. _____

7054

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (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 5 Days
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Joseph Masek 2770

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Antonette 6. (c) Age of husband or wife if alive 76 years7. Birth date of deceased October 24 1862
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
77 9 26 hr. min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Tinner11. Industry or business Retired 5 yrs.12. Name Joseph A. Masek
13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Annie Siharve
16. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Sister Seraphine
(b) Address 3400 So. Grand Blvd.17. (a) Burial (b) Date thereof Aug. 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cemetery18. (a) Signature of funeral director J. H. K... & Co.
(b) Address 2842 Meramec St.19. (a) AUG 20 1940 (b) J. H. K... & Co.
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 16
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3400 So. Grand Blvd.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19,
year 1940 hour 6:10 minute A.M.21. I hereby certify that I attended the deceased from August 15, 1940 to August 19, 1940;
that I last saw him alive on August 19, 1940,
and that death occurred on the date and hour stated above.Immediate cause of death Acute Urinary Retention due to Urathrol Strictures non malignant

Due to _____

Due to _____

Other conditions lobar pneumonia
(Include pregnancy within 3 months of death)Major findings: large Bladder Filled w Urine
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 J. H. K... & Co. (M. D. _____)
Address 1515 Lafayette Ave. Date signed 8/19/40

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 Me

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

Signed Robert F. Gibson

Licensed Embalmer No. 4144
2842 Meramec St.

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, above space should be left blank.