No. 2
-13-40
17-39
X23159

433

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37345

Registration District No. 1 791 Primary Registration District No. 1003 Registrar's No. 9618

FILED DEC 11 1940

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days 1
(Specify whether
In this community
years, months or days)

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. 1101 Geyer Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mike Tokach

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Barbara

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Dec. 25, 1886
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53	10	28	hr. min.

9. Birthplace (City, town, or county) Slovakia 7 (State or foreign country)

10. Usual occupation Laborer 7

11. Industry or business

FATHER
12. Name Michael Tokach 7
13. Birthplace (City, town, or county) Slovakia (State or foreign country)

MOTHER
14. Maiden name Anna Polak
15. Birthplace (City, town, or county) Slovakia (State or foreign country)

16. (a) Informant Barbara Tokach
(b) Address 1101 Geyer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25-40 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director [signature]
(b) Address 1926 Allen Ave.

19. (a) NOV 23 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23, year 1940 hour 2 minute 40 A M.

21. I hereby certify that I attended the deceased from Nov. 20, 1940 to Nov. 23, 1940; that I last saw him alive on Nov. 23, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Esophagus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] M. D. (M. D. or other)
Address 1515 Lafayette Date signed 11/23/40

(Licensed Embalmer's Statement on Reverse Side) L. B. ZEIS

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 W. B. Moyell

Licensed Embalmer No. 1472

P. O. Address 1926 Allen av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.