DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39709

Registration District No. 794 — Primary Registration District No. 1003 200 — Registrar's No. 2228

FILED DEC 7 1940

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

1. PLACE OF DEATH:

(a) County Wd Co

(b) City or town St. Louis Missouri (GARDENVILLE)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4757 Seibert
(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) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST LOUIS

(c) City or town ~~St. Louis~~, GARDENVILLE
(If outside city or town limits, write "RURAL")

(d) Street No. 4757 Seibert (If rural, give location) NR

(e) If foreign born, how long in U. S. A.? 50 years.

3. (a) PRINT FULL NAME Charles V. Truhlar Sr.

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 Anna Truhlar

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Unknown (Month) About (Day) 1868 (Year)

8. AGE: Years About 72 | Months Unknown | Days | If less than one day ____ hr. ____ min.

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

10. Usual occupation Tailor

11. Industry or business

FATHER
12. Name John Truhlar
13. Birthplace Bohemia (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name Magdelena Touska
15. Birthplace Bohemia (City, town, or county) ____ (State or foreign country)

16. (a) Informant Anna Truhlar
(b) Address 4757 Seibert

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28, 40 (Month) (Day) (Year)
(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director Wm C. Maydell
(b) Address 1926 Allen Ave.

19. NOV 26 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25 year 1940 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from October 30, 1940 to November 25, 1940 that I last saw him alive on Nov. 25, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Embolism	1 day
Due to: Chr. myocarditis	
Chr. Endocarditis	
Due to: Chr. nephritis	
Cirrhosis liver	1938
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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) no
(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? no (e) Means of injury

23. Signature Jno Clarbek (M. D. or other) (DOUBEK) MD
Address 1/2767 Gravois Date signed 11-25-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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