

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution **St. Lukes Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 Days.**
(Specify whether

In this community **10** years, months or days

3. (a) PRINT FULL NAME **FRED. DRZIK (DRZIK)**

3. (b) If veteran, name war.....

3. (c) Social Security number **373-03-9960**

4. Sex Male Female

5. Color or race **White**

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

6. (b) Name of husband or wife **Estelle Drzik**

6. (c) Age of husband or wife if alive **29** years

7. Birth date of deceased **March 15 1913**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

28 **3** **15** **1913**

hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Furniture Salesman**

11. Industry or business.....

MOTHER FATHER {

12. Name **Thomas Drzik**

13. Birthplace **St. Louis!**
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Nagy**

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

16. (a) Informant **Estelle Drzik**

(b) Address **1731 Nicholson Place.**

17. (a) **Burial** (b) Date thereof **June 18/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concordia Cem.**

18. (a) Signature of funeral director **Thomas Drzik, son**

(b) Address **2906 Gravois Ave.**

19. (a) **JUN 18 1941** (b) **J. F. Brudwick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

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

(d) Street No. **1731 A Nicholson Place.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15**
year **1941** hour **3 45 A.M.** minute **0** M.

21. I hereby certify that I attended the deceased from **February 23**, 19**41**, to **June 15**, 19**41**;
that I last saw him alive on **June 14**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Subacute Bacterial Endocarditis** **10 months**

Due to **Streptococcus Viridans**

Due to **1941**

Other conditions **Rheumatic Heart Disease** **13 years**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy **Vegetation on Mitral Valve**
Impacts of both Kidneys & Spleen

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 **David M. Skellie, Jr.** (M. D. or other)
Address **4500 Olive Street** Date signed **6-17-41**

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.....

David Milton Van Fossen

Registered Apprentice No. *280*

working under my personal supervision.

Signed.....

Thos. L. Curtis

Licensed Embalmer No. *1629*

P. O. Address *2906 Garo, Ave*

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, fact should be so stated above.