

DEPARTMENT OF THE CENSUS
FILED NOV 24 1941

Registration District No. **791**

Primary Registration District No. **1003**

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 Levee to City Hospital #1
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County no
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1223
(d) Street No. 2025 Menard St. (If rural, give location) 9
(e) Citizen of foreign country? 1 (Yes or No)

3. (a) PRINT FULL NAME FRANK SVEHLA

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mary Svehla 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased About 1869
(Month) (Day) (Year)

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

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

10. Usual occupation Laborer

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Svehla

(b) Address 2025 Menard St.

17. (a) Burial (b) Date thereof Oct. 28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director John E. Maydell

(b) Address 1926 Allen Ave.

19. (a) OCT 27 1941 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

Medical Certification
MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25th
year 1941 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Myopathia
Chronic Interstitial Nephritis

Due to.....

Due to.....

Other conditions 1316
(Include pregnancy within 3 months of death)

Major findings: 1316
Of operations.....
Of autopsy.....

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 3

23. Signature James J. Bredek (M.D. or other)

Address..... Date signed.....

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

1644
50
17
9

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.....

Benj. C. Duncan

Licensed Embalmer No.....

2272

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, fact should be so stated above.