No. 2
-1-4-41
5-17-39
I X28390

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. 36884

DEC 22 1941

Registration District No. 791 Primary Registration District No. 1003

Registrar's No. 9114

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: Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17,24
(If outside city or town limits, write "RURAL")

(d) Street No. 3020 Cherokee Street 7 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME OSCAR REZNICEK

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Emma Reznicek

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased February 1st, 1888 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
53	9	15	hr. min.

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

10. Usual occupation Shoe Worker

11. Industry or business

FATHER
12. Name William Reznicek
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Carrie Weingartner
15. Birthplace Freeburg, (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs Emma Reznicek
(b) Address 3020 a Cherokee Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wm C. Moydell
(b) Address 1926 Allen Avenue

19. (a) NOV 17 1941 (Date received local registrar) (b) J. T. Boudreck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15th year 1941 hour 2 minute 50 P.M.

21. I hereby certify that I attended the deceased from Nov 4 1941 to Nov 15 1941 that I last saw him alive on Nov 15 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute gangrenous appendix — Duration

Due to Pelvic Peritonitis

Due to Paralytic ileus

Due to Atelectasis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations appendicectomy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. E. Moeller (M. D. or other)

Address 3537 S. Jefferson Date signed

(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 Benj. C. Damian

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 wi the above constitutes grounds for revocation of license.)

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