

FILED MAR 17 1942
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: Pronounced dead at City Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE.
(Specify whether _____)
In this community 40 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI, (b) County 26:000
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1519 A. N. 9TH ST.
(If rural, give location)
(e) Citizen of foreign country? YES. (Yes or No)
If yes, name country RUSSIA.

3. (a) PRINT FULL NAME JOHN NOVAK.
3. (b) If veteran, name war NONE.
3. (c) Social Security No. NONE.

MEDICAL CERTIFICATION
NO ATTENDING PHYSICIAN
20. DATE OF DEATH: Month FEB. day 17TH.
year 1942. hour 11 minute A. M.

4. Sex MALE Color or race WHITE
5. (a) Single, widowed, married, divorced MARRIED.
6. (b) Name of husband or wife JOSEPHINE
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased JUNE 11TH 1873.
(Month) (Day) (Year)

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: Coronary Occlusion; Duration _____
Coronary Sclerosis;

8. AGE: Years 68 Months 8 Days 5
If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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

10. Usual occupation LABORER

11. Industry or business NONE.

12. Name JOHN NOVAK.

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

14. Maiden name UNKNOWN.

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

16. (a) Informant Mrs Virginia Ferkel

(b) Address 1451 Clinton St.

17. (a) BURIAL (b) Date thereof FEB 20TH
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE GEM.

18. (a) Signature of funeral director Brookland Und Co
(b) Address 1827 HOGAN ST.

19. (a) 10 10A2 (b) J. C. Dredick
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 2/18/42

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.....

G. W. Wilkins

Licensed Embalmer No.....

3575

P. O. Address.....

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.