

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19903

FILED JUL 12 1942

791

State File No. _____
Registrar's No. 5686

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ALEXIAN BROS HOSPITAL O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 DAYS
In this community LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State MISSOURI (b) County 17
(c) City or town ST. LOUIS 92
(If outside city or town limits, write "RURAL")
(d) Street No. 6081 WANDA
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES PEXA
3. (b) If veteran, name war _____
3. (c) Social Security # 489-07-6801

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 30
21. I hereby certify that I attended the deceased from 22 1942 to June 30 1942
and that death occurred on the date and hour stated above.
Immediate cause of death: *Septic pneumonia bilateral*
Due to: *Undetermined*

4. Sex MALE O
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ELLA PEXA
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased SEPT. 8 1885
(Month) (Day) (Year)

Duration
Physician
Underline the cause to which death would be charged statistically.
Other conditions (Include pregnancy within 3 months of death) 108
Major findings:
Of operations: *Septic pneumonia bilateral*
Of autopsy: *Septic pneumonia bilateral*

8. AGE: Years Months Days If less than one day
56 9 22 hr. min.

9. Birthplace ST. LOUIS MO. O
(City, town, or county) (State or foreign country)
10. Usual occupation SHOE WORKER

MOTHER FATHER
11. Industry or business _____
12. Name WILLIAM PEXA
13. Birthplace BOHEMIA 8
(City, town, or county) (State or foreign country)
14. Maiden name MARY SEDLACKER
15. Birthplace BOHEMIA 8
(City, town, or county) (State or foreign country)

16. (a) Informant ELLA PEXA
(b) Address 6081 WANDA
17. (a) BURIAL (b) Date thereof JULY 3-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NEW PICKER

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? _____

18. (a) Signature of funeral director *Shankuta & Son*
(b) Address 2906 Grapier Ave
19. (a) JUL 2 1942 (b) J. J. Bruch
(Date received local registrar) (Registrar's signature)

23. Signature *J. J. Bruch* (M. D. or other)
Address *Miss. Club Bldg.* Date signed *7/2/42*

(Licensed Embalmer's Statement on Reverse Side)

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

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17
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B

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 Van Fossan

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

David Van Fossan

Licensed Embalmer No.....

4242

P. O. Address.....

2906 Morris

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.