

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

FILED JUL 8 1943
Registration District No. **18**

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:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **7 Days**
(Specify whether
In this community..... **45 Years In St. Louis**
years, months or days)

3. (a) PRINT FULL NAME **Dr. Hynek Dostal**
3. (b) If veteran, name war..... **3. (c) Social Security** No.....

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**
6. (b) Name of husband or wife **Bronislava Dostal** **6. (c) Age of husband or wife if alive** years
7. Birth date of deceased **Dec 29 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 **5** **30** hr. min.

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

10. Usual occupation **EDITOR**

11. Industry or business **St. Louis Hlas.**

12. Name **Ignatius Dostal**

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

14. Maiden name ? (City, town, or county) (State or foreign country)

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

16. (a) Informant **Broislava Dostal**

(b) Address **3513 Nebraska Ave.**

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** **July 1st. 43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Old S.S. Peter & Paul**

18. (a) Signature of funeral director **Phor... & Son**
(b) Address **3906 Gravois Ave.**

19. (a) **J. J. Brueck** (Date received local registrar) **1943** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3513 Nebraska Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **June** day **28**
year..... **1943** hour..... **9 30 A.M.** Minute..... M.

21. I hereby certify that I attended the deceased from **May 1938**
....., 19..... to..... **June 28**....., 19..... **43**;

that I last saw him alive on..... **June 27**....., 19..... **43**;

and that death occurred on the date and hour stated above.

Immediate cause of death..... **Chronic Myocarditis associated with arteriosclerosis.**

.....

..... **Compensated Ht. Fail** **2 mo.**

Due to..... **Rheumatic Myocarditis** **8 yrs.**

Other conditions..... (Include pregnancy within 3 months of death) **3**

Major findings: Of operations..... **none** Of autopsy..... **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... **no**

(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) (c) Means of injury.....

23. Signature **W. J. Brueck** (M. D. or other)

Address **3804 Wilkinson Ave.** **Date signed** **6/29/43**

Duration of Illness..... **3 to 4 years**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *David Van Fossen*

Licensed Embalmer No. *4242*

P. O. Address *2906 Marin*

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.