V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 2 - 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29915

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8482

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

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: 3245 Oregon Ave. /
(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: 000

(a) State Missouri (b) County 17 24

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

(d) Street No. 3245 Oregon Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME PETER FIALA

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race 0 White

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

6. (b) Name of husband or wife Barbara Fiala

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Oct 26 1863 (Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Bohemia (City, town, or county) 8 (State or foreign country)

10. Usual occupation Retired

11. Industry or business TAILOR

FATHER
12. Name Jacob Fiala
13. Birthplace Bohemia (City, town, or county) 8 (State or foreign country)

MOTHER
14. Maiden name Anna Valenta
15. Birthplace Bohemia (City, town, or county) 6 (State or foreign country)

16. (a) Informant Barbara Fiala
(b) Address 3245 Oregon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27/43 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cem.

18. (a) Signature of funeral director Thoskeitis & Son
(b) Address 2906 Gravois Ave

19. (a) SEP 25 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1943 hour 10 30 A.M. minutes M.

21. I hereby certify that I attended the deceased from April 23 1943, to Sept. 23 1943, that I last saw him alive on Sept 2/23, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration 6 hrs.

Due to Chronic myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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 Cecil H. Baker (M. D. or other)

Address 3353 Nebraska Ave. St Louis Mo Date signed 9-24-43

(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.....David Van Fossan

Licensed Embalmer No.....4243

P. O. Address.....2906 Geavoi

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.