

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11360
Registrar's No. 11360

BUREAU OF THE CENSUS
FILED DEC 29 1943
878

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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 St. Louis City Hospital,
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
In this community 40 Years. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
17
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 210 No. Sarah St. (If rural, give location)
(e) Citizen of foreign country? J (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank Zemanek

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Helen Zemanek. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months Unknown Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Coal Miner.

11. Industry or business _____

12. Name Frank Zemanek.

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

14. Maiden name Dont Know.

15. Birthplace Dont Know. (City, town, or county) (State or foreign country) 9

16. (a) Informant Albert Long.

(b) Address 210 No. Sarah St.

17. (a) Burial. (b) Date thereof 12-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) DEC 19 1943 (b) J. F. Budach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18,
year 1943 hour 12:05 minute A. M.

21. I hereby certify that I attended the deceased from December 13,
19 43 to December 18, 19 43
that I last saw h. in alive on December 18, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno-Carcinoma
of lung with metastasis
to liver Duration _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy as above

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

(a) Accident, suicide, or homicide (specify) none

(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)

(a) Means of injury _____

3. Signature William D. Park (M. D. or other) 12/18/43

Address 1515 Lafayette Avenue, Date dictated 12/18/43

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

MOTHER FATHER

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 W. J. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.