V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23251

FILED AUG 8 1944 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6696

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:
2835 Eads Ave. 1
(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

(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2835 Eads Ave. 23
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JOHN MAZANEC

3. (b) If veteran, name war

3. (c) Social Security No. 488-07-0147

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife ANNA MAZANEC

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Jan 1 1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	6	29	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Shoe Packer

11. Industry or business

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

MOTHER
14. Maiden name Elizabeth Pluhar
15. Birthplace Bohemia 8 (City, town, or county) (State or foreign country)

16. (a) Informant ANNA MAZANEC
(b) Address 2835 Eads Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 44 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul

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

19. (a) JUL 31 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1944 hour 4 00 A.M. minutes M.

21. I hereby certify that I attended the deceased from July 15, 1944, to July 30, 1944; that I last saw him alive on July 30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of left lung	1½ yrs.
Chronic myocarditis	1 yr.
Due to	
Due to	
Other conditions Auricular fibrillation (Include pregnancy within 3 months of death)	2 weeks

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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 0

23. Signature John D. Sertl (M. D. or other) MD

Address 2767 Gravois Ave. Date signed 7-31-44

(Licensed Embalmer's Statement on Reverse Side) (John N. D. Sertl)

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 St Louis Mo

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.