

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35244
Registrar's No. 2142

Registration District No. 317 Primary Registration District No. 6076

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

9660

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 (Specify whether
In this community two years (years, months or days)

3. (a) PRINT FULL NAME Joe Gazda, Sr

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

7. Birth date of deceased Feb 18 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Blacksmith

11. Industry or business Natl Lead Co

MOTHER FATHER

12. Name Tony Gazda

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

14. Maiden name Sophie Smith

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

16. (a) Informant Joe Gazda, Jr

(b) Address 1423 Salisbury St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21 44 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem

18. (a) Signature of funeral director Reiderwieden Fun'l Home

(b) Address 1936 St Louis Ave

19. (a) OCT 21 1944 (b) E. St. McClurran (Registrar's signature) Address 2345 Kessler St. St. Louis Date signed 10/21/44

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1423 Salisbury St (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18 year 1944 hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from Oct 15 to Oct 18 1944 that I last saw him alive on Oct 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
with
Senility
Pneumonia
Due to _____
Due to _____

Duration

Other conditions (Include pregnancy within 3 months of death) 938

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? _____

While at work? _____ (Specify type of place) Means of injury _____
23. Signature J.P. Ryburn (M. D. or other) Address 2345 Kessler St. St. Louis Date signed 10/21/44

Dr. Rylee
7345-216ent
CE 5196

NOV 24 1944

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 Delis J. Krupin
Licensed Embalmer No. 3497
P. O. Address 1936 St. Louis

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.