

No. 2
1-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
FILED MAR 27 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10691**

Registration District No. **317**

Primary Registration District No. **3070**

Registrar's No. **643**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves 19
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution
540 N. Kirkham 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 15 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Webster Groves 19
(If outside city or town limits, write "RURAL")

(d) Street No. 540 N. Kirkham 7
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME EMILIA VLASAK

(b) If veteran, name war No

(c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 3 day 15 year 1946 hour 7 minute 40 P.M.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife THOS G. VLASAK

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 9 26 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15 1945 to Mar 15 1946 that I last saw her alive on Mar 15 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

60 5 19 hr. min.

Immediate cause of death Carcinoma of Gall Bladder. Duration 9 yrs

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

Due to 468

Due to _____

10. Usual occupation At Home

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

11. Industry or business _____

Major findings: Of operations _____

12. Name JACOB STACHLE

Of autopsy _____

Underline the cause to which death should be charged statistically.

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

14. Maiden name EMMA MATAS

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

16. (a) Informant Clarence S. Vlasak

(b) Address 7707 Oaklawn Richmond Heights 17 Mo

17. (a) Natural (b) Date thereof 3-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAKE CHARLES

18. (a) Signature of funeral director WEBSTER GROVES 19.

(b) Address _____

19. (a) 3-18-46 (b) E. M. Gannon
(Date received local registrar) (Registrar's signature)

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? _____

(e) _____ (Specify type of place) While at work? (f) Means of injury 0

23. Signature W. Kenyon (M. D. or other) W.B.

Address Webster Groves Mo. Date signed 3-16-46

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

JUN 27 1950

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 John M. Meyer
Licensed Embalmer No. 3288
P. O. Address 340 W. Adams
Birkwood 22 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.