

58925

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21798

S. No. 2
DM-2-43
v. 5-17-39

State File No. _____

FILED JUN 26 1946

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5462

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 _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT
FULL NAME

PAUL Halaz

3. (b) If veteran,
name war NO3. (c) Social Security
No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Julia 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Dec 16 1889
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 6 X hr. min.

9. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)10. Usual occupation Stationary Fireman

11. Industry or business _____

MOTHER FATHER { 12. Name John Halaz
 13. Birthplace Czechoslovakia
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace U. known
 (City, town, or county) (State or foreign country)

16. (a) Informant Julia Halaz
 (b) Address 2109a Russell Blvd
 17. (a) Burial (b) Date thereof 6/21/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul
 18. (a) Signature of funeral director Tom C. Myrdal
 (b) Address 1926 Allen Av.
 19. (a) JUN 20 1946 (b) J. Breesek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2109a Russell Blvd
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
 year 1946 hour 10:45 minute P M.

21. I hereby certify that I attended the deceased from June 12
 19 46 to June 17 19 46
 that I last saw him in alive on June 17 19 46
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of pancreas
metastatic to lung
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy As above
 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)
 (e) Manner of injury _____
 23. Signature Paul E. Stach (M. D. or other) _____
 Address 1515 Lafayette Date signed 6/18/46

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Benny L. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Ave

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.