

S. No. 2
M-2-43
P. 5-17-39
P. 1 X35697

#20888

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21851

State File No. _____

FILED JUN 30 1946

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **5096**

1. PLACE OF DEATH:

(a) County _____
(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
(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:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1441 Hogan Street
Memorial (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JERRY HONZIK

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single

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

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

8. AGE: Years Months Days If less than one day
Abt 63 hr. min.

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

10. Usual occupation Shoe Worker

11. Industry or business _____

12. Name Vaclav Honzik

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

14. Maiden name Anna Boehm

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

16. (a) Informant William Honzik

(b) Address 9022 Forest Av Overland Mo.

17. (a) Brial (b) Date thereof 6/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cem.

18. (a) Signature of funeral director: San E. Boyd

(b) Address 1926 Allen Av.

19. (a) JUN 7 1946 (b) J. F. Brusek
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
year 1946 hour 4:00 minute A
March 12th M.

21. I hereby certify that I attended the deceased from 1946 to June 5th, 19 46
that I last saw him alive on June 5th, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Duration 2 months
Due to Arteriosclerotic Ht. Disease: ?

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

Major findings: 9/2/46
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)
23. Signature John J. Smith Date signed 6/5/46
1515 Lafayette or other)
Address _____

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

MOTHER FATHER

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 1936 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.