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ev. 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. \_\_\_\_\_

FILED AUG 27 1946 318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

Registrar's No. 2177A

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Anthony Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County San

(c) City or town St. Louis 2317  
(If outside city or town limits, write "RURAL")

(d) Street No. 1913 Allen Avenue 9  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOSEPH M. BLAHA

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th  
year 1946 - hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from 9/17/38  
\_\_\_\_\_, 19\_\_\_\_, to Aug 15, 1946  
that I last saw him alive on Aug 15, 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Katherine Blaha 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased February 8-1876 1871  
(Month) (Day) (Year)

Immediate cause of death. Duration

Coronary Arteriosclerosis & infarction 6 days  
(Anterior Branch.)

Due to Chronic cardiac vascular Several  
renal syndrome. @ E years

Due to arteriosclerosis & hypertension

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

75	6	7	hr. min.
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Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none Of autopsy none

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Simon Blaha 6

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

14. Maiden name Unknown 9

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

16. (a) Informant Mrs Katherine Blaha

(b) Address 1913 Allen Avenue

17. (a) Burial (b) Date thereof 8-19-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_ no

(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) Means of injury \_\_\_\_\_

23. Signature W. J. Bradley (M. D. or other) \_\_\_\_\_  
Address 3804 Wilmington Ave Date signed 8/16/46

18. (a) Signature of funeral director W. J. Bradley

(b) Address 1926 Allen Avenue

19. (a) AUG 17 1946 (Date received local Registrar) J. F. Bradley (Registrar's Signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

NOT RECORDED

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 Benj. L. Luman  
Licensed Embalmer No. 2272  
P. O. Address 1926 Allen

**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.