No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42716

FILED JAN 7 1947

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 1032

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: City Infirmary (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 months (Specify whether years, months or days)

In this community 132 years

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. 3333 S. 13th St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Joseph Mayek

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Anna

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

7. Birth date of deceased Oct. (Month) 6 (Day) 1880 (Year)

8. AGE: Years 66 | Months 2 | Days 16 | If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

MOTHER FATHER

12. Name Anthony Mayek

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

14. Maiden name Barbara Scheser

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

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-1946 (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter&Paul Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) DEC 23 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22 year 1946 hour 9 minute 50 a.m.

21. I hereby certify that I attended the deceased from Feb. 18, 1946 to Dec. 22, 1946, 19; that I last saw him alive on Dec. 22, 1946, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Recurrent cardio vascular accident--Probably Thrombotic	12-18-46
Due to: Organic Brain disease--	1946 pl.
Due to: known Luetic-- 1946 plus.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

30%

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Palmer Bruce Bowdish (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 James R. Dunn, Registered Apprentice No. 403 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.