

FILED FEB 10 1947  
Registration District No. 167

Primary Registration District No. 0594

State File No. \_\_\_\_\_  
Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County MISSOURI JEFFERSON

(b) City or town ST. LOUIS Rural Muamee  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
ROUTE 1 EUREKA  
(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) 9 yrs

3. (a) PRINT FULL NAME HYNEK IGNAC NOVAK

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 MARRIED

6. (b) Name of husband or wife ANNA NOVAK 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased MARCH 14 1879  
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation RETIRED STONE MASON

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

12. Name IGNATZ NOVAK

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

14. Maiden name UNKNOWN

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

16. (a) Informant ANNA NOVAK  
(b) Address ROUTE 1 EUREKA MO.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof FEB 5 1947 (Month) (Day) (Year)

(c) Place: MISSOURI CREMATORY

18. (a) Signature of funeral director Thomas Kuti's son  
(b) Address 2906 GRAVOIS

19. (a) Feb 3, 1947 (Date received local registrar) (b) Mrs. J. Hunkeler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JEFFERSON

(c) City or town ST. LOUIS EUREKA  
(If outside city or town limits, write "RURAL")

(d) Street No. ROUTE 1 (If rural, give location)

(e) Citizen of foreign country? yes no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1947 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from 11-16 1947 to Feb 2 1947  
that I last saw him alive on Jan 29 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Rectum Duration 2 1/2 yrs

Due to \_\_\_\_\_

Due to 460

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma Rectum PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

23. Signature C. J. Swaney M.D. (M. D. or other) \_\_\_\_\_  
Address 607 6th Grand Date signed 2-3-47

FEB 21 1947

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 2-8-47

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..... *Ray C Campbell*.....  
Licensed Embalmer No. *3881*  
P. O. Address..... *D. Davis, 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.