

No. 2
12-45
17-39
X47070

FILED FEB 17 1947

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1256**

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 years, months or days)

In this community _____
(Specify whether 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. 2832 Lyon Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME CLARENCE VANCIL

3. (b) If veteran, name war no.

3. (c) Social Security No. 489-07-2967

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna Vancil

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

7. Birth date of deceased March 12, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>10</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Fireman St. Louis Dairy

11. Industry or business _____

MOTHER FATHER {

12. Name Adam Vancil /

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

14. Maiden name Anna Johnson /

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

16. (a) Informant Mrs. Anna Vancil

(b) Address 2832 Lyon Ave.

17. (a) Burial (b) Date thereof 2 8 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Witt Bros. L. & U. Co.

(b) Address 2929 S. Jefferson Ave.

19. (a) FEB 7 1947 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th
year 1947 hour 8:00 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to 2/5/47, 19____;
that I last saw him alive on 2/5/47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Heart failure - No definite disease of heart
Chronic pulmonary fibrosis

Duration _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations: 1/4

Of autopsy: _____

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? _____

23. Signature W. M. 7-5-47 Vancil 1519 Lafayette 2/6/47 other) _____
(Specify type of place) (Mans of injury)

Address _____ Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Handwritten scribble

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 *D. M. Davis*
Licensed Embalmer No. *3741*
P. O. Address *2929 So. Jefferson*

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.