

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

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:  
**4528 Tennessee Avenue**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**  
(d) Street No. **4528 Tennessee Avenue** **9**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No) **0**  
If yes, name country.....

3. (a) PRINT FULL NAME **GEORGE STANCIK**

3. (b) If veteran, name war.....  
3. (c) Social Security No. **488-05-8644**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Elizabeth Stancik**  
6. (c) Age of husband or wife if alive **71** years  
7. Birth date of deceased **February 21 1879**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<b>68</b>	<b>9</b>	<b>15</b>	hr. ....	min.

9. Birthplace **Czechoslovakia**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Retired**

MOTHER FATHER

11. Industry or business.....  
12. Name **Stephen Stancik**  
13. Birthplace **Czechoslovakia**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna (Michalec)**  
15. Birthplace **Czechoslovakia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Stancik**  
(b) Address **4528 Tennessee Avenue**  
17. (a) **Burial** (b) Date thereof **12-8-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Concordia**

18. (a) Signature of funeral director **Modell Urb**  
(b) Address **1926 Allen Avenue**  
19. (a) **DEC 8 1947** (b) **J. F. Bueck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **6th**  
year **1947** hour **3** minute **45** A. M.  
21. I hereby certify that I attended the deceased from **March 12**  
19**46** to **Dec. 6** 19**47**;  
that I last saw him alive on **Dec. 6** 19**47**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY OCCLUSION**  
Due to **ARTEROSCLEROSIS**  
Due to **HYPERTENSION**  
Other conditions (Include pregnancy within 3 months of death) **DK**

Duration **5 M.**  
**1 yr**  
**1 yr**  
PHYSICIAN  
Underline the cause of 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 **Phillip P. Nash** (M. D. or other) **DO**  
Address **1829 S. 15th St. St. Louis Mo** Date signed **12/6/47**

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.....

Me

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Benj. C. Duncan*

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.