S. No. 300
M—10-47
v. 5-17-39
I 3906

#76295
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6177

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1478

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

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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oak

(c) City or town St. Louis, Mo. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1412 S. 8th. St. Memorial 23
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MIKE CHARROW (CHAROW)

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 single

6. (b) Name of husband or wife

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

7. Birth date of deceased August, 14, 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 26 If less than one day hr. min.

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

10. Usual occupation Odd jobs

11. Industry or business

FATHER
12. Name Vasil Charow
13. Birthplace Galicia, Poland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pauline ?
15. Birthplace Galicia, Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Fedechak
(b) Address 4965 Tholozan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/48
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem

18. (a) Signature of funeral director Chulick Funeral Home
(b) Address 1722 S. Jefferson Ave.

19. (a) FEB 13 1948 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th
year 1948 hour 8 minute 20 A M.

21. I hereby certify that I attended the deceased from 2/8/48
, 19 , to Feb. 10th, 1948
that I last saw him alive on Feb. 10th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory failure
Heart failure

Due to Hypertensive arteriosclerotic heart disease

Due to

Other conditions Heart block
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Rose Fedechak MD (M.D. or other)

Address 1515 Lafayette Date signed 2/10/48

(Licensed Embalmer's Statement on Reverse Side)

1178

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 Alex A. Chulick Jr.

Licensed Embalmer No. 4143

P. O. Address 172 S. 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.