

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28116

State File No. 7405

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No. 7405	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>4655 Alaska</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis</u>		a. STATE <u>Missouri</u>		b. COUNTY	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>4655 Alaska Ave.</u>		No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4655 Alaska</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS		No	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>Bohumil</u>		b. (Middle)		c. (Last) <u>Hajek</u>		8 24 49	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-3-1882</u>	
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR (Month) (Day) <u>8 21</u>		IF UNDER 24 HRS. (Hour) (Min.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinest</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ramping</u>		11. BIRTHPLACE (State or foreign country) <u>C.S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Hajek</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Sedlak</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Hajek</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Josephine Hajek 4655 Alaska</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>						10yrs	
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Chronic Bronchial Asthma</u>				10yrs	
		DUE TO (c) <u>Nephritis</u>				2yrs.	
II. OTHER SIGNIFICANT CONDITIONS <u>Dodnal Ulcer; Emphysema; Arteriosclerotic heart and aorta.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>930</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H 232</u>			
22. I hereby certify that I attended the deceased from <u>May 20, 1939, to Aug 23, 1949</u> , that I last saw the deceased alive on <u>Aug 23, 1949</u> , and that death occurred <u>5:30-A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Josephine Hajek</u>				23b. ADDRESS <u>7430 Virginia Avenue</u>		23c. DATE SIGNED <u>8/24/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE <u>AUG 26 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Moydell Leland Howe</u>		ADDRESS <u>1926 Allen</u>	

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

STATEMENT BY LICENSED EMBALMER

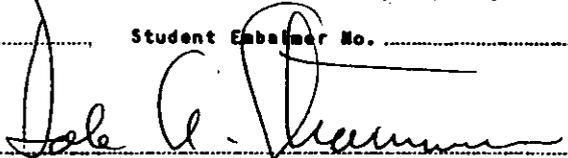
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4533

P. O. Address 1956 Ellen

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.