

STANDARD CERTIFICATE OF DEATH

FILED JUN 23 1951

State File No. **21489**
4115

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis, Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 7409 So. Grand Ave.	
3. NAME OF DECEASED (Type or Print) Emil F. Vlah			4. DATE OF DEATH (Month) (Day) (Year) May 9, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 31, 1913
9. AGE (In years last birthday) 37		10. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Anzelmo Vlah		13b. MOTHER'S MAIDEN NAME Ivanka Bacic	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW #1		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Anzelmo Vlah, 7409 South Grand		ADDRESS None	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary Edema; Subarachnoid Hemorrhage Due to CO poisoning while working on his automobile in the garage in the rear of his home at 7409 So. Grand Ave on May 9 1951 exact time unknown		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 000 Accident	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. 68910
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 9 5:30 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 15

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:45 P.** m., from the causes and on the date stated above.

23a. SIGNATURE W. J. [Signature]		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5/11/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 12 51	24c. NAME OF CEMETERY OR CREMATORY Mc Olin Center	24d. LOCATION (City, town, or county) (State) Jenay Mo	
DATE REC'D BY LOCAL REG. MAY 11 1951	REGISTRAR'S SIGNATURE J. B. Lassiter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und Co. 7420 Michigan Ave.		

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Peter B. Dubrouillet

Signed.....
Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address *Richmond, Virginia*

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.