No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43553

FILED DEC 22 1947
Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 11401

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: 5025 Dewey Street, /
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dae

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

(d) Street No. 15 5025 Dewey Street, (If rural, give location) 9 0

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

If yes, name country

3. (a) PRINT FULL NAME Albert Trhlik

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Trhlik

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

7. Birth date of deceased April (Month) 15 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
85	7	28	hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER

12. Name Joseph Trhlik

13. Birthplace (City, town, or county) Bohemia (State or foreign country) X

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) Bohemia (State or foreign country) X

16. (a) Informant Rose Brikner

(b) Address 5025 Dewey Street,

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/14/47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.,

19. (a) DEC 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13 year 1947 hour 11 minute 31 A. M.

21. I hereby certify that I attended the deceased from April 20 ~, 19 45 to DEC 13 1947; that I last saw h/M alive on DEC 12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Myocardial Chronic	Duration Post Know
Due to	9-10	
Due to	9-10	
Other conditions (Include pregnancy within 3 months of death)	SENILITY	

Major findings:
Of operations

Of autopsy

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) 0

While at work? (e) Means of injury

23. Signature John A Bonnell (M. D. or other) M D

Address 6008 S A G RAVOIS Date signed 12-13-47

ST LOUIS 16 MO

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address St Louis

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.