

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

791  
1003

21876  
5615

1. PLACE OF DEATH

County..... Registration District No. ....  
Township..... Primary Registration District No. ....  
City..... (No. 2922, S Compton St. .... Ward)

2. FULL NAME

(a) Residence, No. 2922 S Compton 16 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 13, 1883</i>		
7. AGE	YEARS <i>50</i>	MONTHS <i>10</i>
	DAYS <i>21</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>Housewife</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Bohemia</i>		
FATHER	13. NAME <i>Albert Houber</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Bohemia</i>	
MOTHER	15. MAIDEN NAME <i>Caroline Kuderna</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Bohemia</i>	
17. INFORMANT (ADDRESS) <i>Mary Steis 2922 S Compton</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>New St. Peter's Church June 6 1934</i>		
19. UNDERTAKER (ADDRESS) <i>Thorkentis 2906 S. Sprague ave.</i>		
20. FILED 19 <i>7/13/34</i> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 3, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *March 6, 1934* to *June 3, 1934*  
I last saw her alive on *June 3, 1934* Death is said to have occurred on the date stated above, at *5 a. m.*  
The principal cause of death and related causes of importance were as follows:  
*Myocardial stenosis* Date of onset *1914*  
*131 9273 131 1854*  
Other contributory causes of importance:  
*Chronic interstitial nephritis* *1914*  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury.....  
Nature of injury.....  
24. Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify.....  
(Signed) *at St. Peter's*, M. D.  
(Address) *2540 1/2 Jeff* an

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr A C Trenchard

2540 W A St, 218000 000

Handwritten scribble or signature in the bottom left corner.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City..... (No. ....) St. .... Ward.....

**2. FULL NAME**

(a) Residence, No. Anna Lepa St. .... Ward.....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX ..... 4. COLOR OR RACE ..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) .....

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1879

7. AGE YEARS MONTHS DAYS (If LESS than 1 day, ..... hrs. or ..... min.)  
54 10 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

13. NAME Albert Arches

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

15. MAIDEN NAME Caroline Skudrons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19 .....

19. UNDERTAKER (ADDRESS) .....

20. FILED 1-16 1936 J. J. Orzech Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said

to have occurred on the date stated above, at ....., m.

The principal cause of death and related causes of importance were as follows:

Date of onset .....

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ....., M. D.

(Address) .....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S (2) - 21874

Bureau of Vital Statistics  
St. Louis, Mo.

AFFIDAVIT FOR CORRECTION OF Death RECORD  
(Write in whether birth or death)

STATE OF MISSOURI )  
                          ) SS.  
CITY OF ST. LOUIS )

On this 16<sup>th</sup> day of January, 1936 before me, a Notary Public in and for the City of St. Louis, Mo., appears Mrs. Theresa Misbauer nee Hrubec who upon her oath, states that she (the Affiant) desires by this affidavit to make the following correction on the death record, Registered No. 5615, of Anna Rexa, whose death occurred at 2922 S. Compton Ave. in St. Louis, Mo. on June 3, 1934 And which record was filed June 5, 1934 Item No. 6 should read July 13, 1979 instead of July 13, 1883 Item No. 7 should read 54 yrs., 10 mos., 21 days instead of 50 yrs., 10 mos., 21 days Item No. 13 should read Albert Hrubec instead of Albert Houbes Item No. 15 should read Caroline Skuderna instead of Caroline Kuderna Item No.      should read      instead of      Item No.      should read      instead of     

The above is true to the best of my knowledge and belief.

Theresa Misbauer  
Affiant

Sister  
(Relationship to person whose record is referred to in above)

1605 S. 11<sup>th</sup> St.  
Present address

Subscribed and sworn to before me this 16<sup>th</sup> day of January, 1936.

Elmer S. Rosenthal  
Notary Public

My commission expires June 28, 1939