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.

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

609

Do not use this space.

1. PLACE OF DEATH FEB 12 1938

(a) County ..... Registration District No. 791 2/1

(b) Township ..... Primary Registration District No. 1008 Registered No. 465

(c) City St. Louis, (d) Street No. 5236 Loughborough Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 50 yrs. mos. ds.

2. PRINT FULL NAME Anna Klima 450

(a) Residence, No. 5236 Loughborough Ave. St. 2
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1880

7. AGE: About ~~60~~ 57 YEARS; MONTHS: Unknown; DAYS: ; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: House wife
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): Czechoslovakia 7

FATHER
13. NAME: Matt Stevrak 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Czechoslovakia 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): John Klima, 5236 Loughborough Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sunset B. Park DATE: Jan. 12, 1938

19. FUNERAL DIRECTOR (ADDRESS): Wm. C. Moydell, 1926 Allen Ave.

20. FILED: [illegible] 19 [illegible] J F Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1937, 19..., to Jan. 12, 1938, 19...
I last saw her alive on Jan. 12, 1938, 19... Death is said to have occurred on the date stated above, at 9.10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Degenerative Myocarditis	?
Other contributory causes of importance: Hypothyroidism	?

66 C

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? No 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.
None
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....
(Signed) James A. Desereux, M. D.
(Address) 508 No. Grand

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Wm. C. Moydell, Licensed Embalmer No. 1467

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Wm C Moydell

Licensed Embalmer No. 1467

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)