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

REC'D MAR 13 1939 C C

4598
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 1291

(c) City St. Louis, Mo. (d) Street No. 1312 Geyer 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Marie Pokorny

(a) Residence, No. 1312 Geyer Ave. St. 23
(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: Lucian Pokorny

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Abt. 1871

7. AGE: Abt. 68 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.: Housewife
9. Industry or business in which work was done, as 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): Czecho-Slovakia

FATHER
13. NAME: Joseph Brunat
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Czecho-Slovakia

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

17. INFORMANT (ADDRESS): Lucian Pokorny, 1312 Geyer Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picker Cem. DATE Feb. 11 1939

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

20. FILED FEB 9 1939 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1939, to 2-8, 1939
I last saw her alive on 2-8-39 at 10 a.m. Death is said to have occurred on the date stated above, at 1:00p.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	10 hrs
Other contributory causes of importance: Chronic Nephritis	4 yrs

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) [signature], M. D.
(Address) 28 44th Colonial

(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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Ave

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

If this body is not embalmed, above space should be left blank.