

REC'D MAY 10 1939

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

13081
Do not use this space.

3423

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **1509 Agnes Str.** 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.

2. PRINT FULL NAME **Anna Renka**

(a) Residence, No. **1509 Agnes Str** St. **26** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 23 D. 1874**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 ---- 8 ---- 18 --

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. **At Home**
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) **Juga Slavia**

FATHER 13. NAME **Joseph Mozgan**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Juga Slavia**

MOTHER 15. MAIDEN NAME **Not Known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Juga Slavia**

17. INFORMANT (ADDRESS) **Mrs Josephine Svoboda 1509 Agnes Str**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **April 15 Th 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Edward Heck 3514 1/2 St**

20. FILE NO. **1319** Local Registrar **J. B. ...**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/11/1939** 19

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **8:50 A**

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

Cardiac Hypertrophy, Arteriosclerosis, Brochitis of 45 years, vertigo, suffered while sitting on bed and fell to floor as bed-rubbed at 3:51 P.M. No. 9000.

Other contributory causes of importance: **Heart Attack March 11, 1939 exact time unknown**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. **Accident** Date of injury **3/17 1939**
Where did injury occur? **Room No. 10**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Home**
Nature of injury **See above**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify
(Signed) **Alfred Perry M.D.**
(Address) **Alfred Perry**

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.

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

Licensed Embalmer No. *1391*

P. O. Address *4106 Botanic*

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, above space should be left blank.