DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24036

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 6309

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1705 So. 11th Str.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis. 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1705 S. 11th St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 40 years.

3. (a) PRINT FULL NAME Augusta Stovicek 312

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph Stovicek

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

7. Birth date of deceased April 16 (Month) 1862 (Day) (Year)

8. AGE: Years 77 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation At Home 7

11. Industry or business Housewife

FATHER
12. Name Unknown 7
13. Birthplace Bohemia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 7
15. Birthplace Bohemia (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Stovicek
(b) Address 3863 Greer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19/39 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Thos Kutis
(b) Address 2906 Gravois Ave.

19. (a) JUL 17 1939 (Date received local registrar) (b) J. F. Bedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 17 day
year 1939 hour 3 50 A.M. minute M.

21. I hereby certify that I attended the deceased from 7/20/39, 19 to 7/17/39, 19
that I last saw her alive on 7/16, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease Myocarditis — Duration 4 mos 4 mos

Due to

Due to 47

Other conditions Probable Cause of Lung.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none (Specify type of place)
While at work? no (e) Means of injury 1

23. Signature F. J. Swekosky M. D. or Coroner
Address 1701 So 12th St Date signed 7/17/39

(Licensed Embalmer's Statement on Reverse Side) Swekosky

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

Rev. 5-17-39 1 X19511

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 Leo Budde, Registered Apprentice No. ....., working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo.

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.