DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27397

Registration District No. 791 Primary Registration District No. Registrar's No. 6897

1. PLACE OF DEATH: 1003
(a) County
(b) City or town St. Louis, Mo. 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1831 a. S 10 th.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County 23
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1831a South Tenth Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years.

3. (a) PRINT FULL NAME JOHANNA ARTHOFER 631
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 Widowed
6. (b) Name of husband or wife Anton Arthofer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 13, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	2	25	hr. min.

9. Birthplace ~~Bohemia~~ (City, town, or county) Bohemia (State or foreign country)
10. Usual occupation housework 7
11. Industry or business 7
FATHER
12. Name William Krejci 7
13. Birthplace Bohemia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown 1
15. Birthplace Bohemia (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Elizabeth Holobradek
(b) Address 1831a South Tenth Str.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery
18. (a) Signature of funeral director Thos Kutis
(b) Address 2906 Gravois Avenue
19. (a) AUG 8 1939 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 7 day seventh year 1939 hour 1 minute 55 a.M.
21. I hereby certify that I attended the deceased from Nov 7, 1936, 19, to Aug 7, 1939; that I last saw her alive on Aug 7, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Insufficiency c̄ failure	3 yrs.
~~Due to~~ Diabetes Mellitus	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? 1 (e) Means of injury
23. Signature R B Karn (M. D. or other) M.D.
Address 2002 South Broadway Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, M

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

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