

Registration District No.

1003

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St. Anthony's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis [24]
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3728 Salena St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13th
 year 1939 hour 1:20 minute _____ P.M. M.
 21. I hereby certify that I attended the deceased from 9/9/39
 _____, 19, to 9/13/39, 19;
 that I last saw him alive on 9/13/39, 19;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of stomach
 Due to None known

Due to _____

Other conditions General arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

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? _____ (e) Means of injury _____

23. Signature F. S. Pernaud (M. D. or other)Address 3115 So. Grand Date signed 9/14/393. (a) PRINT FULL NAME Emil Mraz [62-1]3. (b) If veteran,
name war No3. (c) Social Security
No. 400-03-12894. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
May Mraz6. (c) Age of husband or wife if
alive 44 years7. Birth date of deceased March
(Month)9th 1895
(Day) (Year)

8. AGE:

Years 44
45Months 6Days 4If less than one day
hr. _____ min.9. Birthplace Rock Creek
(City, town, or county)Missouri
(State or foreign country)10. Usual occupation Packer11. Industry or business Elder Shirt Co.12. Name Charles Mraz13. Birthplace Bohemia
(State or foreign country)14. Maiden name Unknown Kutak
(State or foreign country)15. Birthplace Bohemia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs May Mraz(b) Address 3728 Salena St.17. (a) Burial (b) Date thereof 9-16-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Park Hill Cemetery18. (a) Signature of funeral director Kriegshauser Mortuaries
4228 So. Kingshighway (Specify type of place)

(b) Address _____ While at work? _____ (e) Means of injury _____

19. (a) SEP 15 1939 (b) _____
(Date received local registrar) (Registrar's Signature)

3113
La. 8370
10-12

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 *Reinhold K. Lohman*

Licensed Embalmer No. *3395*

P. O. Address.....

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.