DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40852

1939 DEC 9 1939

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2116

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Jewish Sanatorium of St. Louis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs. 4 mo. 8 da. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County S

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

(d) Street No. 8011 IDAHO AVE
(If rural, give location)

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

3. (a) PRINT FULL NAME Albert Hrebec 6 12

3. (b) If veteran, name war nil

3. (c) Social Security No. Nil

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Rose Hrebec

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased About 1895 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	44	Unk	Unk	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk 7

11. Industry or business 7

FATHER
12. Name Albert Hrebec
13. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Janzar
15. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rose Hrebec
(b) Address 2270 S. Jefferson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4-39 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Wm. C. Maydell
(b) Address 1926 Allen Ave.

19. (a) DEC 3 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1
year 1939 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 23, 1937, to Dec. 1, 1939
that I last saw him alive on Dec. 1, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death
1. Congenital Heart Disease & Terminal Heart Failure
Due to
2. Pulmonary Tuberculosis
Due to
Other conditions 23
(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 [signature] (M. D. or other)
Address Fee Fee Road, Robertson, Mo. 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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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

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