

Registration District No. 423

Primary Registration District No. 5578

FILED FEB 5 1940

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Valley Park, MO. R1 Rock  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 20 years \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME J. Jennie V. Mraz

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Mraz 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased May 9 1890  
(Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name Jack Mc Cord

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Gonz

15. Birthplace Cedar Hill Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature X Charles Mraz

(b) Address Valley Park, MO. R1

17. (a) Burial (b) Date thereof 1/24/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Cem. Fenton, Mo.

18. (a) Signature of funeral director Thomas H. Rock

(b) Address Fenton, Mo.

19. (a) Jan 23 1940 (b) Phil J. Kirk  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No. Unknown Near Rock Creek  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24<sup>th</sup>  
year 1940 hour 2:00 minute 0 a.m.

21. I hereby certify that I attended the deceased from Jan 21<sup>st</sup>  
1940, to Jan 21<sup>st</sup>, 1940

that I last saw her alive on January 21<sup>st</sup>, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration \_\_\_\_\_

Due to Acute Gastritis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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) \_\_\_\_\_

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature S. P. Munn (M. D. or other) \_\_\_\_\_

Address Box 262 Valley Park Mo Date signed 1/23/1940

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.

**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.....

*Kenneth W Koch*

Licensed Embalmer No.....

*3047*

P. O. Address.....

*Lepton 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.**