

Rev. 5-17-39
1 x1081

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 mo. 27 days
In this community 61 yrs. 4 mos. 14 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2309 So. 18th St
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mary Sladek
(b) If veteran, name war No (c) Social Security No. No
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Sept. 24 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February 7,
year 1940 hour 11:45 a.m. minute _____ M.
21. I hereby certify that I attended the deceased from June 12, 1939 to February 7, 1940
that I last saw her alive on Feb. 7, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Cardiac failure 2-7-40
Duration _____

8. AGE: Years Months Days If less than one day
61 4 14 hr. _____ min.
9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
12. Name Frank Fiola
13. Birthplace Unknown Bohemia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Due to Hypertensive heart disease
6-39x
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.

MOTHER FATHER
16. (a) Informant's own signature Mary Sladek
(b) Address 5400 Arsenal St
17. (a) Burial (b) Date thereof Feb 10-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation S. S. Peter's Paul
18. (a) Signature of funeral director Thos. Kutis
(b) Address 2906 Travis Av
19. (a) MSL 6 FEB 9 1940 (b) _____
(Date received local registrar) (Date of death)

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 M. Sladek (M. D. or other) _____
Address 5400 Arsenal St Date signed _____

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 Bidde....., Registered Apprentice No.....
working under my personal supervision.

Signed Leo Bidde
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.