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MAY 15 1940

State File No. _____

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3106**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1857 S. 11th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 6 22

3. (a) PRINT FULL NAME Anna Marshak (Mazurcak)
8. (b) If veteran, name war nil 8. (c) Social Security No. nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Andrew Marshak 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased APT 1870 unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt 60 unknown hr. _____ min.

9. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Joseph Sedlak

13. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

16. (a) Informant John Marshak
(b) Address 6937 Vermont

17. (a) Burial (b) Date thereof April 4-40
(Burial, cremation, or removal) (Month) (Day) (Year)
Mt. Hope

(c) Place: burial or cremation _____

18. (a) Signature of General Director 1926 Allen Ave.
(b) Address Wm. C. Moydell

19. (a) APR 3 1940
(Date received local registrar) (Registrar's signature)

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. 1857 S. 11th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd
year 1940 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Atherosclerosis
Due to _____
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? _____

While at work? _____ (Specify type of place) (Type of means of injury)
23. Signature John Marshak
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

Ben 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 with the above constitutes grounds for revocation of license.)

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