No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13271 3473

REGISTERED MAY 15 1940

Registration District No. 791 Primary Registration District No. 1003 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:
Des Loge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0

(c) City or town Bonne Terre NR
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna (Koroby) Korobij 612

3. (b) If veteran, name war

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Korobij

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May 24, 1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56	10	19	hr. min.

9. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Fetyko
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

16. (a) Informant John Korobij
(b) Address Bonne Terre Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/40 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre Missouri

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.

19. (a) APR 16 1940 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1940 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from April 9, 1940, to April 13, 1940, that I last saw her alive on April 13, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis	
Due to: Strangulated femoral Hernia	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: Gangrenous Hernia, Peritonitis	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature K B Coldwater (M. D. or other)
Address 1325 Edmond Date signed 4/14/40

(Licensed Embalmer's Statement on Reverse Side)

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

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.