

JUN 15 1940 791
Registration District No.

Primary Registration District No. **1003**

Registrar's No. **3969**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1820 So. 9th St., 2
(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

3. (a) PRINT FULL NAME Anna Streiz 362

3. (b) If veteran, name war N11 3. (c) Social Security No. N11

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

6. (b) Name of husband or wife Joseph Streiz 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 26 1843
(Month) (Day) (Year)

8. AGE: Years Months Days 6 If less than one day
96 10 18 hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name John Rezny 7
13. Birthplace Czechoslovakia 7
(City, town, or county) (State or foreign country)
14. Maiden name Marie Berka
15. Birthplace Czechoslovakia 7
(City, town, or county) (State or foreign country)

16. (a) Informant W. Strunk 4
(b) Address 1818 So. 9th St.

17. (a) Burial (b) Date thereof 5/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter & Paul

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

19. (a) MAY 3 1940 (b) _____
(Date received local Registrar) (Signature of Registrar)

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. 1820 So. 9th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 65 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2
year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-1-
1940, to 5-2-
1940
that I last saw her alive on 5-1-
1940
and that death occurred on the date and hour stated above

Immediate cause of death myocarditis Duration 2 yrs

Due to Senility
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) (e) Means of injury _____

23. Signature L.F. Murray (M.D. or other) _____
Address 1831-6-9th St Date signed 5-2-40

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

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..... *1526 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, above space should be left blank.