. S. No. 2
—11-10-39
v. 5-17-39
I X21492

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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

19549

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 957

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3709 Minola Ave. 3
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Washington

(c) City or town Oakdale
(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 Elizabeth Rezba 210

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles

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

7. Birth date of deceased May (Month) 4 (Day) 1855 (Year)

8. AGE: Years 85 Months 0 Days 12 If less than one day hr. min.

9. Birthplace Prague (City, town, or county) Bohemia (State or foreign country) 7

10. Usual occupation Housewife 7

11. Industry or business

FATHER
12. Name John Janda 6
13. Birthplace (City, town, or county) Bohemia (State or foreign country) 1

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

16. (a) Informant Bertha Hamme
(b) Address 6189 Kingsbury

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-18-40 (Month) (Day) (Year)
(c) Place: burial or cremation Elkton, Ill.

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

19. (a) MAY 17 1940 (Date received local registrar) (b) R. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1940 hour 7 minute 05 P. M.

21. I hereby certify that I attended the deceased from Jan 1940 to , 19 ; that I last saw her alive on 5/16 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia	6 da
Due to Senility	
Due to 107	
Other conditions Senile dementia (Include pregnancy within 3 months of death)	yrs.

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

23. Signature W. H. Riley (M. D. or other) 1
Address 4660 Maryland Date signed 5/17/40

(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 A. 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.