

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33932

State File No. _____

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8629

REC'D NOV 19 1940

1. PLACE OF DEATH:

(a) County St. Louis MO.

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2631 Iowa Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life.
(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. 2631 Iowa Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY A KSIR

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1940 hour 7 30 P.M. minute _____ M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John Ksir 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased: Feb 11th 1906
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 13, 1940 to Oct 17, 1940
that I last saw her alive on Oct 17, 1940.
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

33 8 6 _____ hr. _____ min.

Immediate cause of death _____

9. Birthplace St. LOUIS MO.
(City, town, or county) (State or foreign country)

Due to Acute Obstruction of Heart. 1 day
no definite heart disease

Due to Myocardial infarction 1 1/2 years

10. Usual occupation Housewife

Other conditions Hemorrhage from uterine fibroids Oct 13 '40 Oct 15 '40

11. Industry or business At Home

Major findings: non malignant

12. Name Anthony Turas

13. Birthplace Bohemia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Chocai

15. Birthplace Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant John Ksir

(b) Address 2631 Iowa Ave.

17. (a) Burial (b) Date thereof 21/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Peter's Burial

18. (a) Signature of funeral director J. F. Bieder

(b) Address 2906 Gravois Ave.

19. (a) OCT 19 1940 (b) J. F. Bieder
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Of autopsy 548

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? _____

(e) Means of injury JOHN D. SERTL

23. Signature John A Ventars (M. D. or other) _____

Address 2767 Gravois Ave. Date signed 10-18-40

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

John W. Sertel

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 Budde, Registered Apprentice No. _____
working under my personal supervision.

Signed.....

Leo Budde
Licensed Embalmer No. 3989

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.