No. 2
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5-17-39
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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

State File No. 36980

Registration District No. 7911 — 1603 — Primary Registration District No. — Registrar's No. 9253

FILED DEC 11 1940

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 St Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 28
(If outside city or town limits, write "RURAL")
(d) Street No. 1817 S. 13th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years years.

3. (a) PRINT FULL NAME ANNA TUMA
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Frank Tuma
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 30 (Day) 1877 (Year)

8. AGE: Years 63 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Bohemia (City, town, or county) (State or foreign country) ?
10. Usual occupation At home ?
11. Industry or business Housewife
MOTHER FATHER
12. Name ? Kazda ?
13. Birthplace Bohemia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace Bohemia (City, town, or county) (State or foreign country)
16. (a) Informant Joseph Tuma
(b) Address 4631 Quincy
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12/1940 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter & Paul Cem
18. (a) Signature of funeral director Thos Curtis
(b) Address 2906 Gravois
19. (a) NOV 11 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 9th year 1940 hour 3:20 PM minute M.

21. I hereby certify that I attended the deceased from Aug 1936 Nov. 9, 1940, to Nov. 9, 1940 that I last saw her alive on Nov. 9, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis & myocardial infarct in L ventricle — Duration few days

Due to Chronic myocarditis & cardiovascular renal syndrome. — Duration several years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes.

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) no
(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 [illegible] (M. D. or other)
Address 1040 Emmet Date signed 11/10/40

(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 Leo Budde, Registered Apprentice No. ..... working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3987

P. O. Address St. Louis, M

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, fact should be so stated above.