No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1941 191

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40427

Primary Registration District No. 1003

Registrar's No. 10198

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

1. PLACE OF DEATH: 3

(a) County

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

(c) Name of hospital or institution 3400 S. GRAND Home for the Aged (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0

(a) State Missouri (b) County

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 16

(d) Street No. Home for the Aged 3400 So. Grand Blvd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 66 yrs. years.

3. (a) PRINT FULL NAME ANTONETTE MASEK

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 Widowed

6. (b) Name of husband or wife Joseph

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

7. Birth date of deceased About (Month) (Day) 1867 (Year)

8. AGE: Years About 73 | Months | Days | If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business 9

FATHER
12. Name Dont Know. 9
13. Birthplace Dont Know. (City, town, or county) (State or foreign country)

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

16. (a) Informant Gussie Baldwin

(b) Address 3712 Phillips Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. H. Gebken Lx U Co.

(b) Address 2842 Meramec St.

19. (a) DEC 11 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th year 1940 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov 2, 1940 to Dec 11, 1940 that I last saw her alive on Dec 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uraemia	1 mo
Ch. Glomerulo Nephritis	6 mo
Due to Tabes Dorsalis	2 yrs
Urinary Retention	1 wk
Due to	
Other conditions (Include pregnancy within 3 months of death)	

80

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? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature E. R. Reddy (M. D. or other)

Address Union Club Bldg Date signed 12/11/40

(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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2842 Meramec St. St. Louis, Mo.

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

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