

No. 2
4-12-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5049

FILED MAR 25 1941
Registration District No. 1003

Primary Registration District No. 1003

State File No. _____
Registrar's No. 1297

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

1. PLACE OF DEATH:

(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: 1873 So. 11th St.
(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 HLOBEN

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 Wendell

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

7. Birth date of deceased About 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>About 58</u>	<u>Unknown</u>	<u>Unknown</u>	hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Vaclav Manes

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

14. Maiden name Unknown

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

16. (a) Informant Frank Hloben

(b) Address 1873a S. 11th St.

17. (a) Burial (b) Date thereof Feb. 10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Am C. Maybell

(b) Address 1926 Allen Ave.

19. (a) FEB 8 1941 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 1873 S. 11th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th
year 1941 hour 10 minute 10 M.

21. I hereby certify that I attended the deceased from 1-13-
1937, to Feb 7, 1941;
that I last saw her alive on Feb 6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Wernia
Pyelonephritis non calculous 4 years
Duration 3 wks

Due to _____

Due to _____

Other conditions 1330
(Include pregnancy within 3 months of death)

Major findings: 1330

Of operations _____

Of autopsy no

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? _____

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

23. Signature Wm C. Maybell (M. D. or other)
Address 11040 Emmet Date signed 2/12/41

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.....

1926 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, fact should be so stated above.