. No. 2
—1-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12929

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3359

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: City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since Mar. 1st. (Specify whether)

In this community 20 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 172

(d) Street No. 5803A Goener (If rural, give location) 9

(e) Citizen of foreign country? Resided in U.S. 20 years Not nat. (Yes or No) yes

If yes, name country Jugo Slavia 0

3. (a) PRINT FULL NAME Mary Troha

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife Lorenz Troah

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

7. Birth date of deceased March 1st. (Month) 1867 (Day) (Year)

8. AGE: Years 74 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Jugo Slavia (City, town, or county) (State or foreign country) 8

10. Usual occupation housewife

11. Industry or business at home

FATHER
12. Name Jacob Swachnik
13. Birthplace Jugo Slavia (City, town, or county) (State or foreign country) 8

MOTHER
14. Maiden name Unknown
15. Birthplace Jugo Slavia (City, town, or county) (State or foreign country) 8

16. (a) Informant Lena Seerge daughter

(b) Address 5803 A Goener

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr. 19th (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Henry R. Hardenmuller

(b) Address 6203 Gravois Ave

19. (a) APR 18 1941 (Date received local registrar) (b) J. T. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Breast; Cancer of left leg; Pathological fracture of left leg; sustained while getting out of bed at her home 5803 Coener AV. on March 1st, 1941, at about 1.00 A.M.

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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 000

(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 3

23. Signature Alfred Perry (M. D. or other)

Address Reynolds Coon Date signed 4/18/41

(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 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 w the above constitutes grounds for revocation of license.)

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