

Registration District No.

791

Primary Registration District No.

1003

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:
1821 Lafayette Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1821 Lafayette Avenue
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME BARBARA HRDLICKA

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 Married

6. (b) Name of husband or wife Edward Hrdlicka Sr. 6. (c) Age of husband or wife if alive. 52 years

7. Birth date of deceased November 28, 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 25 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Moder

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

14. Maiden name Anna Chott

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

16. (a) Informant Edward Hrdlicka Sr.

(b) Address 1821 Lafayette Avenue

17. (a) Burial (b) Date thereof Aug. 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm. J. Moydell

(b) Address 1926 Allen Avenue

19. (a) AUG 26 1941 (b) J. T. Budek
(Date of local burial) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd
year 1941 hour 9 minute 30A M.

21. I hereby certify that I attended the deceased from 1-3
1941 to Aug 23, 1941;
that I last saw her alive on Aug 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & decompensation

Due to initial myocarditis Duration 3 years
many years.

Due to.....
Other conditions Chronic nephritis 6 mo.
(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) no

(b) Date of occurrence

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. J. Moydell (M. D. or other) 0
Address 1040 Duimet Date signed 8/25/41

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. E. 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 the above constitutes grounds for revocation of license.)

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