No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33282

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8237

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: 4422 W. PINE ST 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County 000 17 19
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4422 WEST PINE.
(If rural, give location)
(e) Citizen of foreign country? BOHEMIA. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA BLASINAY.
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 MARRIED
6. (b) Name of husband or wife FRANK BLASINAY.
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased JULY (Month) 31 (Day) 1883. (Year)

8. AGE: Years	Months	Days	If less than one day
58	2	15	hr. min.

9. Birthplace BOHEMIA (City, town, or county) 8 (State or foreign country)
10. Usual occupation AT HOME.
11. Industry or business HOUSE WIFE.
FATHER
12. Name FRANK BECVAR.
13. Birthplace BOHEMIA. (City, town, or county) 8 (State or foreign country)
MOTHER
14. Maiden name MARY BARTOS.
15. Birthplace BOHEMIA. (City, town, or county) 8 (State or foreign country)
16. (a) Informant FRANK BLASINAY.
(b) Address 4422 W. PINE ST.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-18-41 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL PARK.
18. (a) Signature of funeral director [illegible]
(b) Address 2906 Gravois Ave.
19. (a) OCT 18 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 14.
year 1941 hour 4:00 minute A M.
21. I hereby certify that I attended the deceased from Sept 14, 1940 to Oct 14, 1941
that I last saw her alive on Oct 30, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Stenosis	2 yrs
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
(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 A. E. Tonek M D (M. D. or other)
Address 2540 W Jefferson Date signed Oct 16-41

(Licensed Embalmer's Statement on Reverse Side)

2540 S. Jefferson.
Br 8966 12 p.m.

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 David Milton Van Fossan, Registered Apprentice No. 280 working under my personal supervision.

Signed Thor Lutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois

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

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