S. No. 2
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

57

State File No.

Registration District No. FILED FEB 24 1942 Primary Registration District No. 1003 Registrar's No. 759

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: St. Anthony Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days. (Specify whether
In this community 60 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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(a) State Missouri (b) County 15
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 3105 Oceola St. D
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA BELECK

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 2 Widow
6. (b) Name of husband or wife Joseph Beleck
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept 18 (Month) 1879 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	4	5	hr. min.

9. Birthplace KANSAS (City, town, or county) 1 (State or foreign country)
10. Usual occupation At Home
11. Industry or business Housewife.

FATHER
12. Name William Kubik
13. Birthplace Bohemia (City, town, or county) 8 (State or foreign country)

MOTHER
14. Maiden name Anna Slaphicka
15. Birthplace Bohemia. (City, town, or county) 8 (State or foreign country)

16. (a) Informant Ollie Beleck
(b) Address 3105 Oceola St.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan 26 /42 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 Gravois Ave.
19. (a) JAN 25 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1942 hour 10 15 A.M. minute M.

21. I hereby certify that I attended the deceased from June 5 1941 to Jan 23 1942
that I last saw her alive on January 23 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Embolism	1 day
Due to Carcinoma Sigmoid	
Hypertrophy Chr Cardiac	1½ yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma Sigmoid
Of autopsy Carcinoma Sigmoid

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(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 Ira Calaubek D (M. D. or other) MD
Address 2767 Gravois Ave Date signed 1-24-42

(Licensed Embalmer's Statement on Reverse Side)

Dr Doubek
Gravois & Calhoun

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 M. Van Torrace, Registered Apprentice No. 280, working under my personal supervision.

Signed Thos Kutis

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 with the above constitutes grounds for revocation of license.)

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