No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 460 98

Registrar's No.

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5415 Wren Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 600 17 7
(a) State Missouri (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5415 Wren Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs. Mary Kadlec
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Fred Kadlec
6. (c) Age of husband or wife if alive DEAD year
7. Birth date of deceased Feb (Month) 12 (Day) 1872 (Year)
8. AGE: Years 69 Months 10 Days 22 If less than one day hr. min.
9. Birthplace — (City, town, or county) Bohemia (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
FATHER
12. Name Frank Klima
13. Birthplace — (City, town, or county) Bohemia (State or foreign country)
MOTHER
14. Maiden name Catherine
15. Birthplace — (City, town, or county) Bohemia (State or foreign country)
16. (a) Informant Mrs Mary Finnegan
(b) Address 5415 Wren Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation St Peter & St Paul Cem
18. (a) Signature of funeral director Sullivan
(b) Address 2849 No Euclid Ave
19. (a) JAN 9 1942 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 4th year 1942 hour 10 minute 35 A.M.
21. I hereby certify that I attended the deceased from 2-24-39, 19..., to 1-4-42, 19...; that I last saw her alive on 1-3-42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hodgkins disease	
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 [illegible] (M. D. or other) MD
Address 5074 N. Union Date signed 1-5-42

(Licensed Embalmer's Statement on Reverse Side)

Dr Harry Klein
5074 N. Union
Dr Connors Mo 1030
Metro Bldg

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

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.