

FILED MAR 24 1942 791 | Primary Registration District No. 100

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: FAITH Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 MONTH
 (Specify whether
 In this community 2 MONTH
 years, months or days)

3. (a) PRINT FULL NAME HERMINA HAVLICEK

3. (b) If veteran, name war NONE
 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced, WIDOWED
 6. (b) Name of husband or wife PETER HAVLICEK
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased AUG. 20 1861
 (Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 13
 If less than one day hr. _____ min. _____

9. Birthplace GERMANY
 (City, town, or county) (State or foreign country) 4

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER { 12. Name BATISTE
 13. Birthplace GERMANY
 (City, town, or county) (State or foreign country) 4

MOTHER FATHER { 14. Maiden name _____
 15. Birthplace GERMANY
 (City, town, or county) (State or foreign country) 4

16. (a) Informant Henry Havlicek

(b) Address SPANISH LAKE MO R 4

17. (a) BURIAL (b) Date thereof MAR. 5 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Diedrich F. Home

(b) Address 8319 Holly Ferry Rd.

19. (a) MAR 4 - 1942 (b) J. F. Brubaker
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
 (c) City or town SPANISH LAKE MO R. 4
 (If outside city or town limits, write "RURAL")
 (d) Street No. BADEN STATION R 4
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 2
 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Nov 1
 1941 to March 2 1942
 that I last saw her alive on March 2 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - lobar
Nypo static
bed ridden state
due to old age

Due to _____
 Due to _____

Other conditions Senility
 (Include pregnancy within 3 months of death) 3 mo

Major findings: Of operations none
 Of autopsy no

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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?

While at work? _____ (Specify type of place)
 (e) Means of injury ✓

23. Signature H. F. Miller (M. D. or other) D
 Address 84104 Broadway Date signed 3/3/42

Duration 2 week
 PHYSICIAN _____
 Underline (the cause to which death should be charged statistically).

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

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.....

Ray 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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.