

Registration District No. 17291 Primary Registration District No. 1003

FILED MAR. 17 1942

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony's Hospital
(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 7 days
years, months or days)

3. (a) PRINT FULL NAME ELIZABETH STRUHARIK
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 Daniel 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased December 25, 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 1 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business 12
12. Name George Kulec
13. Birthplace Slovakia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Slovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel Struharik
(b) Address 1219 Ann Ave.

17. (a) Burial (b) Date thereof Feb. 18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetary

18. (a) Signature of funeral director W. C. Maydell
(b) Address 1926 Allen Ave.

19. (a) FEB 18 1942 (b) J. F. Ordeek
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 23 1/2
(If outside city or town limits, write "RURAL")
(d) Street No. 1219 Ann Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 16th
year 1942 hour 4 minute 45A.M.
21. I hereby certify that I attended the deceased from 6-30
1942, to 2-16 19 42
that I last saw her alive on 2-16 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho. pneumonia. Duration 4 days
Due to massive collapse of lt lung. 6 hours.
Due to Post. operative following gas ether anaesthesia for hysterectomy + appendectomy done on 2/10/42
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Chronic pelvic inflammation @ c
Of operations: retroversion + fibrosis of uterus, salpingitis, oophoritis
Of autopsy: Chronic appendicitis
no. no malignancy no reversal disease
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, give in the following: disease
(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 D
23. Signature Wm J. Hain (M. D. or other)
Address 3804 Wilmington Ave Date signed 2-16-42

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 Beng. L. 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 with the above constitutes grounds for revocation of license.)

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