

FILED APR 13 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:
 1514 Lafayette Ave.
 (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 23
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1514 Lafayette Ave.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME BARBARA MATEJKA

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, Widowed

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive. --- years

7. Birth date of deceased. Unknown About 1867

8. AGE: Years 76 Months Unknown Days Unknown If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business.

12. Name ? Pletanik

13. Birthplace Bohemia
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant John Madeker (b) Address 1514 Lafayette Ave.

17. (a) Burial (b) Date thereof April 1-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Old SS, Peter & Paul

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

19. (a) MAB 31 (b) J. F. Bredock
 (Date received local registrar) 1942 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th
 year 1942 hour 11:15 minute A. M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Sclerosis, Arterio Sclerosis
 Due to Chronic Nephritis
 Due to 131
 Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations. Of autopsy.

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?

While at work (Specify type of place) (d) Means of injury
 23. Signature James J. Thompson (M. D. or other) Address 1300 E. Park Ave. Date signed 3/31/42

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

MOTHER FATHER

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..... *Benj. C. Dunne*

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.