

S. No. 2
1-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9280

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3249**

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location) **0**

(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.....

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **3963 DeTonty St.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **JOSEPHINE SVOBODA**

3. (b) If veteran, name war..... (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 **Charles G.** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **Oct. 17, 1894**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

47 **5** **22** hr. min.

9. Birthplace **St. Louis, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Joseph Kocour**

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

{ 14. Maiden name **Anna Wiedeman**

{ 15. Birthplace **Bohemia** (City, town, or county) (State or foreign country)

16. (a) Informant **Chas. G. Svoboda**
(b) Address **3963 DeTonty St.**

17. (a) **Burial** (b) Date thereof **April 13-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Picker Cemetery**

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

19. (a) **APR 11 1942** (b) **J. F. Mestek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **9th**
year **1942** hour **4:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 7, 1942** to **April 9, 1942**
that I last saw her alive on **April 9, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Thrombosis of coronary artery

Due to.....

Due to.....

Other conditions **Diabetes Mellitus**
(Include pregnancy within 3 months of death)

Duration

.....

.....

PHYSICIAN

Major findings:
Of operations.....

Of autopsy **Coronary thrombosis with infarctant wall of ventricle.**

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)

Means of injury.....

23. Signature **Frank A. Bailey** (M. D. or other) **M. D.**
Address **2602 South Grand** Date signed **4-10-42**

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

844

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 Bing C. 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.