No. 2
—1-4-41
5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 19[illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12838

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 3998

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3521 Pestalozzi St.
(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 Life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16 000

(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL") 9

(d) Street 3521 Pestalozi St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ANNA LOIDA

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Loida

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 2 1861 (Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 1 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business Housewife.

FATHER
12. Name Martin Dvorak
13. Birthplace Bohemia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Bohemia (City, town, or county) (State or foreign country)

16. (a) Informant Frank Loida
(b) Address 3521 Pestalozzi St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5th (Month) (Day) (Year)
(c) Place: burial or cremation S. S. Peter & Paul

18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 Gravois Ave.

19. (a) MAY 5 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1942 hour 1 20 P.M. minute M.

21. I hereby certify that I attended the deceased from March 14, 1942 to May 3, 1942 that I last saw her alive on May 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia Hypostatic	
Lobar	1 day
Due to chr. myocarditis	
chr. Endocarditis Mitral	
Due to chr. Interstitial nephritis	
chr. Hypertensive Vascular	

Other conditions (Include pregnancy within 3 months of death) 108

Major findings:
Of operations None

Of autopsy None

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) No
(b) Date of occurrence —
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? No (e) Means of injury None

23. Signature Jno. Zlubeck (M. D. or other) M.D.
Address 2767 Gravois Date signed 5-4-42

844 (Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossan, Registered Apprentice No. ..... working under my personal supervision.

Signed David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Harris.

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.