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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16264

FILED JUN 10 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4743

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

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: St. Anthony Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Months. (Specify whether

In this community 40 Years. 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. 3214 Michigan Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ROSE HONS.

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 Married

6. (b) Name of husband or wife FRANK HONS

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept. 28 1883 (Month) (Day) (Year)

8. AGE: Years 58 | Months 8 | Days 0 | If less than one day hr. min.

9. Birthplace Bohemia (City, town, or county) 8 (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife.

FATHER
12. Name William Mulacek
13. Birthplace Bohemia (City, town, or county) 8 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Bohemia (City, town, or county) 8 (State or foreign country)

16. (a) Informant Marie Buchmann
(b) Address 3003 California Ave.

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

(c) Place: burial or cremation S. S. PETER & PAUL

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

19. (a) MAY 30 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1942 hour 9 30 P.M. minute M.

21. I hereby certify that I attended the deceased from 7/10 1936, to May 28 1942; that I last saw her alive on May 28 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy. Duration 18 hours

Due to Cardio-vascular renal syndrome c̄ hypertension at least 8 years.

Due to

Other conditions Post-apoplectic paralysis (Include pregnancy within 3 months of death) of both lower extremities + rt. upper

Major findings: Of operations extremity. (3 years)

Of autopsy no

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 380 Wilmington Ave. Date signed 5/29/42

P44 (Licensed Embalmer's Statement on Reverse Side)

Dr. Watson
7-8:30 pm
38.06 Wilmington

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 Gravois

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.