S. No. 2
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. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19454

State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5295

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. Louis City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 Days (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. 1824 S.10 Str. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Flora Mary Cebular

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Wht.

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

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April (Month) 1 (Day) 1878 (Year)

8. AGE: Years 64 Months 2 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Crnic
13. Birthplace (City, town, or county) Crotia (State or foreign country)

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

16. (a) Informant John Cebular

(b) Address 1824 S.10 Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/42 (Month) (Day) (Year)

(c) Place: burial or cremation New.S.S.Peter & Paul

18. (a) Signature of funeral director Wm C Mondell

(b) Address 1926 Allen Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17. year 1942 hour 8:00 minute 35 A. M.

21. I hereby certify that I attended the deceased from May 26. 1942, to June 17. 1942 that I last saw her alive on June 17. 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Adhesive Pericarditis

Due to

Due to

Other conditions Pyelonephritis without Stone Bleeding Peptic Ulcer (Include pregnancy within 3 months of death)

Major findings: Of operations Hysterectomy - Recent

Of autopsy Adhesive Pericarditis Bleeding Peptic Ulcer

Duration

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)

(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 G. E. Twente M.D. (M. D. or other)

Address 1515 Lafayette Ave. Date signed 6/17/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 926 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.