

FILED JUL 22 1942
Registration District No. 791

Primary Registration District No. 1003

State File No.

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:
St. Anthonys Hospital
(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)

3. (a) PRINT FULL NAME Anna Krs

3. (b) If veteran, name war No 3. (c) Social Security No. -----

4. Sex Female / 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Matthew Krs 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown abt. 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 72 Unknown hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Vaclav Silhan

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

14. Maiden name _____

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

16. (a) Informant Marie Pilousek

(b) Address 5936 Robert Ave.

17. (a) Burial (b) Date thereof 7/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

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

(b) Address 1926 Allen Ave.

19. (a) JUL 21 1942 (b) J. J. Bruch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, Mo. 17 923
(If outside city or town limits, write "RURAL")
(d) Street No. 1840 S. 13 Str.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1942 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb 4
1942 to July 18 1942
that I last saw her alive on July 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid 8 months
Due to Myocarditis acute 2 days

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations Carcinoma sigmoid
Of autopsy Carcinoma sigmoid

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 Albert J. Boma (M. D. or other) _____
Address 1841 L 12th Date signed 7/13/42

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.....

Bernard E. Dunbar

.....
Licensed Embalmer No.

2272

P. O. Address.....

1926 Alh

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.