

FILED OCT 6 1942

Registration District No. 784

Primary Registration District No. 116

Registrar's No. 1956

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Valley Park
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Franklin Ave 1
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

(c) City or town Valley Park
(If outside city or town limits, write "RURAL")

(d) Street No. Franklin Ave
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Royale Ruzicka

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 W 9

6. (b) Name of husband or wife UNKN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Sept 4 - 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Czechoslovakia & _____
(City, town, or county) (State or foreign country)

10. Usual occupation Nur

11. Industry or business _____

12. Name Frank Basaraba ?

13. Birthplace Czechoslovakia & _____
(City, town, or county) (State or foreign country)

14. Maiden name Frances Basaraba & _____

15. Birthplace same & _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pauline Houcka

(b) Address 3999 Nalley Hill St. Mo

17. (a) Burial (b) Date thereof 9-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saged Heart Cemetery

18. (a) Signature of funeral director James H. Hopp, Inc.

(b) Address Nirwood Mo.

19. (a) SEP 19 1942 (b) C. S. McIlwain
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1942 hour _____ minute 7:10 P. M.

21. I hereby certify that I attended the deceased from Sept 9, 1942, to Sept 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure

Due to carcinoma of liver

Due to Senility

Other conditions (include pregnancy within 3 months of death) 467

Major findings: Of operations _____

Of autopsy _____

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? REBER JR.

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] Date signed 9-19-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

96
16
0

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.....

Louis H Bopp

Licensed Embalmer No.....

931

P. O. Address.....

Brookwood M

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.