

FILED NOV 6 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9057

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Little Sisters of the Poor - J. C. St. Louis
(d) Length of stay: In hospital or institution 6 years
In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(d) Street No. 3400 S. Grand Ave. 0 16
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Judith Dunajcik

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife George Dunajcik 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. 7 1859

8. AGE: Years 83 Months 0 Days 7 If less than one day hr. min.

9. Birthplace Lubina Czechoslovakia

10. Usual occupation Housewife

11. Industry or business

12. Name John Struhar
13. Birthplace Czechoslovakia
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Anna Marzik
(b) Address 4131 Tyrolean Ave.

17. (a) Burial (b) Date thereof Oct. 30/42
(c) Place: burial or cremation Concordia

18. (a) Signature of funeral director J. F. Predeck
(b) Address 1926. Allen
19. (a) OCT 30 1942 (b) J. F. Predeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1942 hour 9 minutes A. M.

21. I hereby certify that I attended the deceased from 12 1/2 Oct 27 42 to 19 1/2 Oct 27 42 that I last saw her alive on Oct 27 42 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis general Duration 5 yr

Due to 97
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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

While at work? (Specify type of place) Means of injury
23. Signature (M. D. or other) Date signed 12/29/42

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed

D. M. Davis

Licensed Embalmer No.

3741

P. O. Address

1926 Allen ave

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.