S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 26 1942

32439

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8622

1. PLACE OF DEATH:

(a) County .....
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3836 Folsom Ave. /
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis, Mo. 9 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3836 Folsom Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Barbara Siroky
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female /
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Mar. (Month) 10 (Day) 1873 (Year)

8. AGE: Years 69 Months 7 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Czechoslovakia 8
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....

FATHER
12. Name Joseph Triska
13. Birthplace Czechoslovakia 8
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unk.
15. Birthplace Unk. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Grady
(b) Address 3836 A. Folsom Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19. 42 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope
18. (a) Signature of funeral director Wm. C. Maydell.
(b) Address 1926 Allen Ave.
19. (a) OCT 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16
year 1942 hour 6 minute A. M.
21. I hereby certify that I attended the deceased from July 10, 1936, to Oct 16, 1942
that I last saw her alive on Oct 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	6 yr.
Coronary Artery disease	1 yr.
Due to	
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? (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 Edward Bonnet (M. D. ~~or other~~)
Address 1504 So Grand Date signed 10-16-42

844 (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 me

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

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 3304a Utah St.

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.