

V. S. No. 2
50M-5-42
Rev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39378

State File No. _____

FILED JAN 14 1943 18

Primary Registration District No. 1003

Registrar's No. 85

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:
5437 Sunshine Drive.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 18
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5437 Sunshine Drive.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JULIA STRNAD
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Jan 4 1943
year 1943 month 2 day 20 hour 8 M.
21. I hereby certify that I attended the deceased from Dec. 1942
1942 to Jan 4 1943
that I last saw her alive on Jan 4 1943
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anthony Strnad 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased March 29, 1902
(Month) (Day) (Year)

Due to myocarditis, Chronic
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
40 9 5 _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
11. Industry or business At Home.

MOTHER FATHER { 12. Name Joseph Valenta
13. Birthplace Bonemia
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Bronca
15. Birthplace St. Louis
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Strnad
(b) Address 5437 Sunshine Drive.

17. (a) Burial (b) Date thereof Jan 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New S.S Peter & Paul

18. (a) Signature of funeral director Joseph Valenta
(b) Address 2906 Gravois Ave.

19. (a) JAN 5 1943 (b) J. J. Budek
(Data received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Dr. Joseph H. Peter (M.D. or other) _____
Address 1609 So Grand Date signed Jan 4 1943

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

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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..... *David Dan Fossan*

Licensed Embalmer No. *4242*

P. O. Address *2906 Seaview*

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.