

S. No. 2  
M-5-42  
v. 5-17-5  
I X32873

42022, ✓

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2500

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Marys Hospital  
(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 St. Louis

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

(d) Street No. 1425 North & South Rds.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frances Pohnan

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race Wht. 6. (a) Single, widowed, married, Divorced Widowed

6. (b) Name of husband or wife Anton Pohnan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown Abt. 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 80 Unknown hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Brynda

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

14. Maiden name Unknown

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

16. (a) Informant Josephine Castulik

(b) Address 1425 Nort & South Rds.

17. (a) Burial (b) Date thereof 12/9/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

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

(b) Address 1926 Allen Ave

19. (a) DEC 8 - 1942 (b) C. H. Mc Gowan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6  
year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 1941 to Dec 6, 1942  
that I last saw her alive on Dec 6, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Ca. of Urinary Bladder Duration 6-8 mo.

Due to 52h

Due to \_\_\_\_\_

Other conditions metastatic to liver (Include pregnancy within 3 months of death) 4 mos.

Major findings: Of operations ✓ Of autopsy Resected area

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? \_\_\_\_\_

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

23. Signature Leo M. Bullard (M. D. or other) \_\_\_\_\_  
Address 805 Page Blvd Date signed 12-7-42

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

9/6  
6-006

-6  
12/42

707

DEC 17 1949

---

---

**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.**