

**FILED** JAN 19 1943  
Registration District No. **818**

Primary Registration District No. **100**

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

1. PLACE OF DEATH:

(a) County Missouri  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1800 Preston Pl.  
(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 \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1800 Preston Pl.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Cecelia Jarosik

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 Divorced

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

7. Birth date of deceased Nov. 22 1858  
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business House Work

MOTHER FATHER { 12. Name Norbert Sebek  
13. Birthplace Czechoslovakia  
(City, town, or county) (State or foreign country)  
14. Maiden name Frances Sebek  
15. Birthplace Czechoslovakia  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Nohavec  
(b) Address 1800 Preston Pl.

17. (a) Cremation (b) Date thereof 1/13/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wm. E. Hoopel  
(b) Address 1926 Allen A.

19. (a) JAN 11 1943 (Date received local registrar)  
J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11  
year 1943 hour I minute 35 A. M.

21. I hereby certify that I attended the deceased from Dec 21 1942 to Jan 11 1943  
that I last saw her alive on Jan 10 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic Myocarditis 3 Months

Due to Chronic Interstitial Nephritis 6 Months

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
131

Duration

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 Albert J. Bina (M. D. or other)  
Address 1841 1/2 St Date signed 1/11/43

**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 *JW*

.....; Registered Apprentice No. ....

working under my personal supervision.

Signed *D. M. Howard*

Licensed Embalmer No. 3741

P. O. Address 1926 Allen

**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.**