

Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 632

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
704a N. Euclid Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL.")  
(d) Street No. 704a N. Euclid  
(If rural, give location) 17  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ANNA LELA NOVAK

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Harry Henry J. 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July 29th 1890  
(Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife  
Usual industry or business At Home

11. (a) Name of father Albert Durfee  
(b) Birthplace Kansas  
(City, town, or county) (State or foreign country)  
(c) Maiden name Laura Gilbert

12. (a) Name of mother Harry Henry J. Novak  
(b) Birthplace Baltimore, Md.  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Henry J. Novak  
(b) Address 704a N. Euclid

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof 1/23/43  
(Month) (Day) (Year)

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

18. (a) Signature of funeral director A. W. McLaughlin  
(b) Address 2301 Lafayette Ave

19. (a) JAN 22 1943 (b) J. J. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th  
year 1943 hour 5 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Nov 1, 1942 to Jan 20, 1943  
that I last saw her alive on Jan 20, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma cervix

Due to Generalized Carcinomatosis

Due to Myocarditis

Other conditions Acute nephritis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy No

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 A. J. Ferrel (M. D. or other) \_\_\_\_\_  
Address 4487 Westmeadow Date signed 1-22-43

Duration 6 yrs  
4 yrs  
2 1/2  
4 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

**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

*L. R. Coape*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

**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.**

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. ....

State of Missouri  
County of St. Louis } SS.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this 26<sup>th</sup> day of July, 1943, before me appears.....

Harry J. Novak, who, upon his oath, states that the original record of <sup>birth</sup> death for Anne Lela Novak died <sup>born</sup> January - 20<sup>th</sup> - 1942, in the State of Missouri, and which was filed at January 22<sup>nd</sup> on 1943, 1943, should be corrected as follows:

Item No. 3-A should read Lela Novak

Instead of Anne Lela Novak

Item No. 16-A should read Harry J. Novak

Instead of Henry J. Novak

Item No. 6-B should read Should read: Harry J.

Instead of Henry J.

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Harry J. Novak Husband  
Relationship.

795 Bayard Ave  
Present Address.

Subscribed and sworn to before me this 26 day of July, 1943

My Commission Expires March 4, 1943

My Commission expires.....  
Bea @ Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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