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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 4 1943

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **828**

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... **St. Louis, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **4 Days**
 (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. **2743 Accomac Str.**
 (If rural, give location)
 (e) Citizen of foreign country?..... **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Anna Petr**
3. (b) If veteran, **No** **3. (c) Social Security**
 name war..... No No.....

4. Sex **Female** **5. Color or** **Wht.**
race **Wht.** **6. (a) Single, widowed, married,**
2 divorced, Widowed
6. (b) Name of husband or wife **Vaclav Petr** **6. (c) Age of husband or wife if**
Abt. 1857
 alive..... years
7. Birth date of deceased **Unknown** **Abt. 1857**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 86 Unknown hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John Klacek**

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 **Stefa Gilardi**

(b) Address **2743 Accomac Str.**

17. (a) Cremation **1/28/43** **(b) Date thereof**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Missouri crematory**

18. (a) Signature of funeral director **Wm. E. Moydell**
(b) Address **1926 Allen Ave**

19. (a) JAN 27 1943 **J. F. Bradeck**
 (Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **25,**
 year **1943** hour **7:25** minute **P.** M.
21. I hereby certify that I attended the deceased from **January**
22, **1943** to **January 25,** **19.43**
 that I last saw her alive on **January 25,** **19.43**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Heart failure (chronic Myocarditis)
 Due to **Hypertension**
 Due to **Arteriosclerosis (generalized)**
 Other conditions (Include pregnancy within 3 months of death)
Psychosis - senile

Major findings:
 Of operations.....
 Of autopsy **Generalized arteriosclerosis**

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)
 Means of injury.....
23. Signature **Donna A. Sweetman** (M. D. or other).....
Address **1515 Lafayette Avenue,** **1/26/43**
 Date signed

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

MOTHER FATHER

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.....

W. B. Moydell

Licensed Embalmer No. *1467*

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.