

**FILED FEB 23 1943**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **Enroute to City Hospital**  
(b) City or town **Enroute to City Hospital**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Enroute to City Hospital #13**  
(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 **12**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **9/16**  
(d) Street No. **2910 Michigan Ave** (If rural, give location)  
(e) Citizen of foreign country? **No Attending Physician** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Annie Grlack**

3. (b) If veteran, name war **no** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Steve Grlack** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **Unknown About 1888**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**About 55 Unknown** .hr. **0** min.

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

10. Usual occupation **Housewife**

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

12. Name **Bernard Vavra**

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

14. Maiden name **Frances Filip**

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

16. (a) Informant **Steve Grlack**

(b) Address **2910 Michigan Ave.**

17. (a) **Burial** (b) Date thereof **2-18-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old SS Peter & Paul**

18. (a) Signature of funeral director **Wm C Waddell**

(b) Address **1926 Allen Ave.**

19. (a) **FEB 15 1943** (b) **J. F. Buddeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **14**  
year **1943** hour **2** minute **A.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Labar Pneumonia**  
**Chronic Hypertrophic Myocarditis**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

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 **Alfred Perry** (M. D. or other)  
Address **2910 Michigan** Date signed **2/15/43**

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

H. 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.**