S. No. 2
M—5-42
5-17-39

FILED JUL 15 1943

21820

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 123

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt Vernon Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt Vernon Mo State San
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 239 days (Specify whether
In this community 239 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis Co
(c) City or town Gardenville
(If outside city or town limits, write "RURAL")
(d) Street No. 4733 Heildaberg Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Louise Kral I
3. (b) If veteran, name war No
3. (c) Social Security No. 488-18-6643
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov (Month) 4 (Day) 1917 (Year)

8. AGE: Years 25 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Gardenville St L Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name John Kralj
13. Birthplace Austria-Hungary (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Barbara Harvath
15. Birthplace Austria Hungary (City, town, or county) (State or foreign country)
16. (a) Informant E McMichael, Record Clerk
(b) Address Mo State San. Mt Vernon Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-8-1943 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis Mo
18. (a) Signature of funeral director Geo B Orr
(b) Address Mt Vernon Mo
19. (a) 7/10/43 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th year 1943 hour 6:00 minute P M.
21. I hereby certify that I attended the deceased from Nov 11, 1942 to July 7, 1943
that I last saw her alive on July 7, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary tuberculosis — Duration Over 1 yr
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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

23. Signature Esther E. Coffman (M. D. or other)
Address Mo State Sanatorium Date signed 7-7-43

155 (Licensed Embalmer's Statement on Reverse Side) Mt Vernon Mo.

RECEIVED
District Health Officer No. 6,
District File Number 743-838
Date Filed JUL 14 1943

## 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 Geo. B Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon Mo

**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.**