

FILED NOV 29 1943 **318**

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.....
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3311 Wisconsin Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 75 Years In St Louis (Specify whether 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. 3311 Wisconsin Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME FRANCES VORACEK

3. (b) If veteran, name war..... 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 Henry Voracek 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased March 9th 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 8 ..hr. ..min.

9. Birthplace Bohemia (City, town, or country) (State or foreign country) 6

10. Usual occupation At Home

11. Industry or business Housewife.

12. Name Frank Jerabek

13. Birthplace Bohemia (City, town, or county) (State or foreign country) 8

14. Maiden name Unknown

15. Birthplace Bohemia (City, town, or county) (State or foreign country) 8

16. (a) Informant Henry Voracek

(b) Address 3311 Wisconsin Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 19th / 43
(Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director Thompson & Son

(b) Address 2906 Gravois Ave.

19. (a) NOV 18 1943 (Date received) (b) J. F. Bredsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1943 hour 6 00 A.M. minute..... M.

21. I hereby certify that I attended the deceased from Oct. 41, to Nov 17, 1943
and that death occurred on the date and hour stated above.
that I last saw h..... alive on Nov 15, 1943

Immediate cause of death chronic myocarditis @ E anterior chronic

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 J. F. Bredsch (M. D. or other).....

Address 3804 Wilshire Ave Date signed 11-17-43

24
17
17

Duration
5 wks
4 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

David Van Fossan

Licensed Embalmer No. *4242*

P. O. Address *2906 Harris*

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.