

FILED DEC 22 1943

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10882**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2928 Virginia Ave.
(Place 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 **000**
17

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **9/b**

(d) Street No. **2928 Virginia**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **JOSEPHINE STRANSKY**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **---**

4. Sex **Female** 5. Color or race **Wht**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Frank Stransky**

6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **Unk.** **about 1881**
(Month) (Day) (Year)

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

Abt. 62 **Unk.** _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Frank Stross**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Frank Stransky**

(b) Address **2928 Virginia Ave.**

17. (a) **Burial** (b) Date thereof **12/11, 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Picker**

18. (a) Signature of funeral director **J. C. Moydell**

(b) Address **1928 Allen Ave.**

19. (a) **DEC 9 1943** (b) **J. F. Brudeck**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **8**
year **1943** hour **7** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Dec 1, 1943**
_____ 19____ to **Dec 8** 19____
that I last saw him alive on **Dec 8** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ **Duration 1 day**

Acute Cardiac Dilatation

Due to **Cpu. Myocarditis**

Ch. Endocarditis, Mitral

Due to **Nephritis, Glomerular, Chronic**

Acute Bronchitis

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **none**

Of operations _____

Of autopsy **none**

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) _____ **no**

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (Country) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? **no** (Specify type of place) _____
(e) Means of injury _____

23. Signature **J. C. Moydell** (M. D. or other) **MD**
Address **12767 Brown** Date signed **12-9-43**

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 *me*

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

Signed *D. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address. *1926 Allen av*

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.