

No. 2
1-5-43
5-17-39
I X36871

State File No.

FILED FEB 27 1944 18

Primary Registration District No. 1003

Registrar's No. 506

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3621 Bowen /
(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 _____
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3621 Bowen
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Kozelka
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 Kozelka 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Aug. 27 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 4 19 hr. min.

9. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
12. Name Frank Fialka
13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Rockstein
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Kozelka
(b) Address 3621 Bowen
17. (a) Burial (b) Date thereof 1/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sun Set Park

18. (a) Signature of funeral director Wm. L. Mayall
(b) Address 226 Allen Ave.
19. (a) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 44 hour 2:30 minute 0 M.

21. I hereby certify that I attended the deceased from 2-25-38, 19____, to 1-16-44, 19____;
that I last saw her alive on 1-16-44, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death general carcinomatosis originating in right breast
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 J. F. Budeck (M.D. or other) _____
Address 5074 N. Union Date signed 1-19-44

(H.A. Klein)

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 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.