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K32873

FILED APR 15 1944

Registration District No. ....

Primary Registration District No. 6076

Registrar's No. 834

1. PLACE OF DEATH:

(a) County St. Louis,  
(b) City or town Gardenville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 5147 Lakewood  
(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 St. Louis,  
(c) City or town Gardenville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5147 Lakewood  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Mary Wentruba

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. Widowed  
6. (b) Name of husband or wife. Joseph Wentruba 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years  
7. Birth date of deceased. Unknown about 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 71 Unknown hr. min.

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

10. Usual occupation. Housewife

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

12. Name. Joseph Kohoutek

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

14. Maiden name. Unknown

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

16. (a) Informant. Alex Kohoutek

(b) Address. 4100 Schiller Pl.

17. (a) Burial (b) Date thereof. 4/8/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. New Picker

18. (a) Signature of funeral director. E. G. Moyal

(b) Address. 1926 Allen Ave.

19. (a) APR 8 - 1944 (Date received local registrar) (b) E. G. Moyal, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1944 hour 71 minute 30P. M.

21. I hereby certify that I attended the deceased from February 19 1944 to April 5 1944 that I last saw him ev alive on April 5 1944 and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Embolism Duration 1 day  
Coronary Thrombosis  
Ch. Myocarditis  
Due to Myocardial Infarction  
Nephritis Glomerular 1942  
Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations none  
Of autopsy none

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) none  
(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? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Ina C. Dulek (M. D. or other) MD  
Address 2767 Riverside Ave Date signed 4-6-44

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 mtb

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Wm. B. Moyall*

Licensed Embalmer No. 1467

P. O. Address 1936 Allen

**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.**