

FILED AUG 8 1944 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6690

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
/St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

3. (a) PRINT FULL NAME Terezie Hrdina

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, Wid.

6. (b) Name of husband or wife Joseph Hrdina 6. (c) Age of husband or wife if alive. ---- years

7. Birth date of deceased Unknown About 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 85 Unknown hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Hrdina

(b) Address 2842 Indiana Ave.

17. (a) Burial (b) Date thereof 8/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director W. E. M. ...

(b) Address 1926 Allen Ave.

19. (a) JUL 31 1944 (Date received local registrar) J. F. Brudeck (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 12
(If outside city or town limits, write "RURAL") 22
(d) Street No. 1106 Lafayette Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
year 1944 hour 9 minute 8 M.

21. I hereby certify that I attended the deceased from 1944 to July 29th, 19 44

that I last saw h alive on July 29th, 19 44

and that death occurred on the date and hour stated above.

Immediate cause of death Anteromedullary heart disease Duration

Due to.....

Due to.....

Other conditions Senile psychosis
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy refused

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) Means of injury 0

23. Signature W. E. M. ... (M. D. or other) 8/29/44
Address 1515 Lafayette Date signed

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 Wm G. Moydell
Licensed Embalmer No. 1467
P. O. Address 1926 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.