

FILED SEP 30 1944

Registration District No. 818

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: EnRoute to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Vancil

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Adam Vancil 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 17, 1868 (Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 7 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name John Johnson

13. Birthplace Don't Know (City, town, or county) (State or foreign country)

14. Maiden name Mary Farrell

15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Vancil

(b) Address 909 Lynch St.

17. (a) Burial (b) Date thereof Sept. 27/44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cm.

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) SEP 25 1944 (b) J. F. Bredek (Date received local registrar) (Registrar's signature)

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. 319 Lynch St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 year 1944 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Sclerosis; Arteriosclerosis.

Due to

Due to

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

Major findings: Of operations

Of autopsy

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?

(Specify type of place) While at work (e) Means of injury

23. Signature J. F. Bredek (M. D. or other)

Address Date signed 9/25/44

Duration

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 *Sam A. Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St

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.