S. No. 2
A—5-42
. 5-17-39
PI X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4160
Registration District No. 318
Primary Registration District No. 1003
Registrar's No. 1381

1. PLACE OF DEATH: 3236 California
(a) County St. Louis Mo
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3236 California Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 Yrs (Specify whether years, months or days)
In this community

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. 3236 California (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Drazan
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 16 (Day) 1864 (Year)

8. AGE: Years 80 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Bohemia (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name ? Kveton
13. Birthplace Bohemia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Bohemia (City, town, or county) (State or foreign country)

16. (a) Informant Charles Drazan
(b) Address 1906 Allen
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation Old S. S. Pet & Paul
18. (a) Signature of funeral director Thos. Kutis & Son
(b) Address 2906 Gravois
19. (a) FEB 12 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 9 year 1945 hour 9 minute 45 P. M.
21. I hereby certify that I attended the deceased from Feb. 9, 1945, to Feb. 9, 1945, that I last saw h. alive on Feb. 9, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	9 hrs.
Due to Senility.	
Due to	
Other conditions (Include pregnancy within 3 months of death) none.	

Major findings:
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) no.
(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 D. L. Hirsch M.D. (M. D. or other)
Address 3110 S. Grand. Date signed 2/10/45

(Licensed Embalmer's Statement on Reverse Side)

408 Book

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Geauga

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.