. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11341

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3732

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Park Lane Hospital (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 Mo. (b) County 17 23

(c) City or town St. Louis, (If outside city or town limits, write "RURAL")

(d) Street No. 2634 Allen Ave. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna Hochevar

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 Joseph. Hochevar

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July (Month) 26 (Day) 1888 (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	8	29	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frank Turk
13. Birthplace (City, town, or county) Yugoslavia (State or foreign country)

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

16. (a) Informant Joseph Hochevar

(b) Address 2634 Allen Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/45 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Wm. L. Mondell

(b) Address 1926 Allen Ave.

19. (a) APR 27 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 25 year 1945 hour 12 minute 25 A. M.

21. I hereby certify that I attended the deceased from March 15th 1945 to April 25 1945 that I last saw him alive on April 25 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic Toxemia — Duration

Due to Cirrhosis of Liver, Probable alcoholic Entoxicity

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

124

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] M.D. (M. D. or other)

Address 4430 Rider Ave. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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.