

S. No. 2
OM-2-43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 2 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15312
Registrar's No. 4199

Registration District No. 318

Primary Registration District No. 1003

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17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 2732 Ann Av.
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2732 Ann Av.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Anna Kveton
(b) If veteran, name war No
(c) Social Security No. _____

20. DATE OF DEATH: Month May day 9th
year 1945 hour 1 minute 45 A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife William 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 18, 1944 to May 9, 1945
that I last saw h. er alive on May 9, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism Duration 1 day
Due to Coronary Disease 3 yrs.
Chromocardial damage 2 yrs.
Due to Nephritis Glomerular 2 yrs.
Hypertension 2 yrs.
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
Abt 66 Unknown hr. min.

Major findings: Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Vaclav Trampier

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

14. Maiden name Unknown

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

16. (a) Informant Joseph Kveton

(b) Address 2732 Ann Av.

17. (a) Burial (b) Date thereof 5/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm E. Magdall
(b) Address 1926 Allen Av.

19. (a) MAY 11 1945 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature J. F. Predeck (M. D. or other) MD
Address 2767 Georges Ave Date signed 5-10-45

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 David M. Davis
Licensed Embalmer No. 3741
P. O. Address 1926 Allowa

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.