

FILED JUL 14 1945 STANDARD CERTIFICATE OF DEATH

18846

State File No. _____

Registration District No. _____

Primary Registration District No. L 1003

Registrar's No. 5707

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

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:
3013 Oregon Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 65 Years in St. Louis (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNA HOLUB

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 Widow

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

7. Birth date of deceased Jan 27 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>85</u>	<u>5</u>	<u>2</u>	_____ hr. _____ min.
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9. Birthplace Bohemia
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Katherine McCauly

(b) Address 2212 A Victor St

17. (a) Burial (b) Date thereof July 2 / 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cem.

18. (a) Signature of funeral director J. F. Breda

(b) Address 2906 Gravois Ave

19. (a) JUN 30 1945 (Date received local registrar) J. F. Breda (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. 3013 Oregon Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1945 hour 1 15 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jun 22 1945 to Jul 29 1945
that I last saw him alive on Jul 25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Serious Ch. Myocarditis

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? _____

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

23. Signature H. Berg (M. D. or other) _____

Address 2203 Webster Date signed 6/30/45

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.....

David Van Fossan

Licensed Embalmer No. *4242*

P. O. Address *2906 Harris*

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.