S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39320

FILED DEC 28 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11088

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:
1825 Russell Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (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. 1825 Russell Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

Nov 17 1923

3. (a) PRINT FULL NAME MARY JANDA

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 Married

6. (b) Name of husband or wife Alois Janda

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 15th, 1886 (Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Czechoslovakia

FATHER
12. Name Ferda Nohavic
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

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

16. (a) Informant Alois Janda
(b) Address 1825 Russell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/1945 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Wm C Mapell
(b) Address 1926 Allen Avenue

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th year 1945 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 1945 to Dec 10 1945 that I last saw him alive on Dec 10 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days
Due to Arterio Sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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)
(e) While at work? (f) Means of injury

23. Signature O. S. Pom (M. D. or other) MD
Address 1803 Cardondelet Date signed 12/18/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Pyne
1801 Pistatozzi
10-12-3

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 Benj. C. Duncan

Licensed Embalmer No. 2272

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.