S. No. 2
OM—5-43
v. 5-17-39
1 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. 422

FILED JAN 21 1946

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 227

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: City Sanitarium O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 46yrs.13ds. (Specify whether years, months or days)
In this community 53 yrs.

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. 5400 Arsenal St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Barbara Horeys (Horejs)

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 Mar.

6. (b) Name of husband or wife Thomas Horeys (Horejs)

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

7. Birth date of deceased Sept. 30, 1871 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	3	6	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant J. Douglas
(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-1946 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director William C. Moydell
(b) Address 1926 Allen Avenue

19. (a) JAN 8 1946 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1946 hour 7.25 minute A M.

21. I hereby certify that I attended the deceased from Dec. 15, 1945 to Jan. 6, 1946; that I last saw her alive on Jan. 6, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Carcinoma of splenic flexure	6yrs.x
Due to Chronic Myocarditis	10 yrs.x
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)
While at work? (e) Means of injury

23. Signature J. Schlenker (M. D.)
Address 5400 Arsenal Date signed 1/6/46

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John W Gonozka

Licensed Embalmer No. 3398

P. O. Address.....

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.