

S. No. 2
 OM-2.43
 v. 5-17-39
 X35597

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **7020**

FILED FEB 25 1946

Registration District No. **577**

Primary Registration District No. **2062**

Registrar's No. **437**

1. PLACE OF DEATH:
 (a) County St Louis
 (b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7240 Stanford
(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 St Louis 91
 (c) City or town University City
(If outside city or town limits, write "RURAL")
 (d) Street No. 7240 Stanford
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Josephine Decker
 3. (b) If veteran, name war. No
 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 18
 year 1946 hour 5.30 minute P M.
 21. I hereby certify that I attended the deceased from Dec 24
 1945, to Feb 18 1946
 that I last saw her alive on Dec 24 1945
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Rudolph 6. (c) Age of husband or wife if alive..... years

Immediate cause of death.....
 Due to Myo Carditis - acute a few days
 Due to Chronic Endocarditis Indef.
 Other conditions none 92a
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
Abt 65 hr. min.

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

9. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER
 12. Name John Beleck
 13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Peterka
 15. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie M. Beleck
 (b) Address 7240 Stanford

17. (a) Burial (b) Date thereof 2/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: St Matthews Cemetery

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

19. (a) 2-21-46 (b) Ed. M. Garrison
(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) (e) Means of injury
 23. Signature R. J. Pugh (M. D. or other) 4
 Address 415 S. Newstead Date signed 3/19/46

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

5971

2-25-46
 (40)

707

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1946

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.....

Benz J. Duncan

..... Licensed Embalmer No.

2272

..... P. O. Address

1926 Allen Ave

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.