V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7829

FILED FEB 20 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1246

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:
7045 Wise Ave.
(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 Mo. (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 7045 Wise Ave.
(If rural, give location)

17 49 10

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Johanna Prochaska

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife late Emmanuel Prochaska

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

7. Birth date of deceased May (Month) 27th (Day) 1873 (Year)

8. AGE: Years 72 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Kozlau (City, town, or county) Czecho-Slovakia (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace (City, town, or county) Czecho-Slovakia (State or foreign country)

14. Maiden name Unknown

15. Birthplace (City, town, or county) Czecho-Slovakia (State or foreign country)

16. (a) Informant Anthony Novak

(b) Address 7045 Wise Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-6-46 (Month) (Day) (Year)

(c) Place: burial or cremation Chicago Illinois

18. (a) Signature of funeral director Robert J. Ambruster Inc

(b) Address Clayton Rd. at Concordia Lane

19. (a) FEB 6 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th year 1946 hour 3:10 minute P.M. M.

21. I hereby certify that I attended the deceased from Jan. 9, 1946 to 2/5/46, 19..; that I last saw her alive on 2/4/46, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of cervix uteri with metastases to vagina, vulva and skin of lower abdomen	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Uremia (?)	

Major findings:
Of operations None

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 0

23. Signature A. H. Ameson (M. D. or other)

Address 4952 Maryland (8) Date signed Feb. 6 '46

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 13 '46

6779

Info. desk barnes Hosp.
at 9 A.M.

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.....

Licensed Embalmer No. 1994

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.