

FILED APR 18 1948
318

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 3240

1. PLACE OF DEATH:

(a) County St. Louis - Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bethesda Gen Hosp
(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)

3. (a) PRINT FULL NAME SANDRA JUNE CZAPLA

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 Single

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

7. Birth date of deceased: April 7 - 46
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 8 hr. 5 min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Walter Czapla

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Wood

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

16. (a) Informant Walter Czapla
(b) Address 410 Victoria Street

17. (a) Burial (b) Date thereof 4-8-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter's Church

18. (a) Signature of funeral director Wm. C. Madrell

(b) Address 1926 Allen Avenue

19. (a) APR 8 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 410 Victoria
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4, day 7, year 1946 hour 3, minute 40 P.M.

21. I hereby certify that I attended the deceased from 4 7, 1946, to 4-7, 1946 that I last saw her alive on 4-7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Massive atelectasis of lungs, Bilateral
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations _____
Of autopsy SAME as above
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? _____

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

23. Signature L. J. Libby (M. D. or other) _____
Address 280 California Date signed 4/7/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
13527

MOTHER FATHER

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

Ben L. Duman

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.