

FILED JUN 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 179

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number & 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. Francois ⁹⁴

(c) City or town Bonne Terre ²
(If outside city or town limits, write "RURAL")

(d) Street No. Summit ¹
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) ⁰

If yes, name country _____

3. (a) PRINT FULL NAME ANNA JASKO

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1946 hour 1 minute 31 A. M. 94

21. I hereby certify that I attended the deceased from Feb 3
1946 to May 17 1946
that I last saw her alive on May 14 1946
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Andrew Jasko

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

7. Birth date of deceased May 15 1880
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis

Due to Hypertension in Chronic

Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death) Arteriosclerosis

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>0</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace Czechoslovakia ⁶
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Major findings: ✓

Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER, FATHER

11. Industry or business _____

12. Name Unknown Duricko ⁹

13. Birthplace Wippenau ¹
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown ⁴
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Cmas

(b) Address Bonne Terre Mo

17. (a) Final (b) Date thereof 5-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Cemetery

18. (a) Signature of funeral director Edgar Hud. Co

(b) Address 313 Cedar Bonne Terre Mo

19. (a) 5-27-46 (b) Ether Rudloff
(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 Dr. W. Jagan (M. D. or other) _____
Address Bonne Terre, Mo Date signed 2-26

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
16724

RECEIVED

District Health Officer No. 4

District File Number 646-225

Date Filed 6-10-46

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Conroe, Texas

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.