

FILED MAY 17 1946
 318

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1808 Menard Street
 (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 **EVA MAJTAS**

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 **Married**
 6. (b) Name of husband or wife **John Majtas** 6. (c) Age of husband or wife if alive **68** years
 7. Birth date of deceased **February 20, 1876**
 (Month) (Day) (Year)

8. AGE: Years **70** Months **2** Days **19** If less than one day
 hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **John Miskovic**

13. Birthplace **Czechoslovakia**
 (City, town, or county) (State or foreign country)

14. Maiden name **Eva Hrabovsky**

15. Birthplace **Czechoslovakia**
 (City, town, or county) (State or foreign country)

16. (a) Informant **John Majtas**

(b) Address **1808 Menard Street**

17. (a) **Burial** (b) Date thereof **5-13-1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concordia**

18. (a) Signature of funeral director **Wm C. Moydell**

(b) Address **1926 Allen Avenue**

19. (a) **MAY 13 1946** (b) **J. F. Bredack**
 (Date received local registrar) (Registrar's signature)

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. **1808 Menard Street**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **9th**
 year **1946** hour **12** minute **15** P. M.

21. I hereby certify that I attended the deceased from **May 3**, 19 **46**, to **May 9**, 19 **46**
 that I last saw her alive on **May 9**, 19 **46**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia Lobar Hypostatic** Duration **1 day**

Due to **Cerebral Hemorrhage** **5 day**

Due to **Arterio Sclerosis** **2 yrs.**

Other conditions **nephritis Glomerular** **1 yr.**
 (Include pregnancy within 3 months of death)

Major findings: Of operations **none** Of autopsy **none**

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) **none**

(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. F. Bredack** (M. D. or other) **MD**

Address **2767 Morris Ave** Date signed **5-10-46**

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

17561

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..... *Benj. C. Duncan*.....
- - Licensed Embalmer No. *2272*.....
P. O. Address *1726 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.