S. No. 2
M—8-43
v. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21456

State File No. 60

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1259

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town ~~St. Louis~~ Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town ~~St. Louis~~ Gardenville
(If outside city or town limits, write "RURAL")
(d) Street No. 5108 Waldo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY STECH
3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John J. Stech
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April (Month) 10 (Day) 1891 (Year)

8. AGE: Years 55 Months 1 Days 30 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business HOME
FATHER 12. Name John Barsa
13. Birthplace Bohemia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Philomena Racejal
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant John J. Stech
(b) Address 5108 Waldo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter & Paul
18. (a) Signature of funeral director Jos Kotick & Son.
(b) Address 2906 Gravois Ave.
19. (a) 6-11-46 (Date received local registrar) (b) E. D. McGavran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1946 hour 10:00 minute P.M.
21. I hereby certify that I attended the deceased from June 7, 1946, to June 9, 1946, that I last saw her alive on June 9, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Coronary occlusion
Old C.V.R. Disease

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 —

Signature [illegible] (M. D. or other) M.D.
Address 7500 St. Charles Rock Rd Date signed June 10 1946

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 19[illegible]

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. Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address. St. Louis, Mo.

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.