

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE
1936
STANDARD CERTIFICATE OF DEATH
1003

State File No. 25889
Registrar's No. 6629

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town. St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4240 Connecticut 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)

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. 4240 Connecticut Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Yenicek
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased December 8 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 7 11 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Frank Yenicek
(b) Address 4240 Connecticut Street

17. (a) Burial (b) Date thereof 8/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation House Springs Mo.

18. (a) Signature of funeral director Wm E. Snyder
(b) Address 1926 Allen Av.

19. (a) JUL 30 1946 (b) J. J. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1946 hour 11.30 minute P. M.

21. I hereby certify that I attended the deceased from
July 1, 1946, to July 29, 1946
that I last saw him alive on July 29, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarct Duration 1 wk

Due to Ch. Myocarditis 1 year

Due to none

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature Oliver J. Hanna (M. D. or other) MD
Address 7606 Malibu Date signed 7/30/46

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

254738

PH 5 11/10/10

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 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.