

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34787

FILED OCT 31 1946

State File No. 2
Registrar's No. 3153

Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 44 days
In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0 R 1
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1833 Dolman 9
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY LORRAINE HRBACEK
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 24
year 1946 hour 1 minute 30 a. m.

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 alive _____ years
7. Birth date of deceased 4 29 1924
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-10 46 to 10-24 46
that I last saw her alive on 10-24 46
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis Duration 5 yrs (?)

8. AGE: Years Months Days If less than one day
22 5 25 hr. min.

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation nil

11. Industry or business _____

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

12. Name Emil Hrbacek

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

14. Maiden name Irene Broz

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

16. (a) Informant Hospital Records
(b) Address Koch Hospital, Koch, Mo.

17. (a) Burial (b) Date thereof 10/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Wm G. Moydell

(b) Address 1926 Allen Av

19. (a) 10-26-46 (b) Arthur Allen MD
(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 Bernard Friedman (M. D. or other) MD
Address Robert Koch Hospital Date signed 10-24-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
33610
10-30-46

OCT 31 1945

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Benny J. 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.