No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34857

State File No.

Registration District No. Primary Registration District No. 6076

Registrar's No. 2079

1. PLACE OF DEATH:

(a) County Gardenville 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: 4
Miller Nursing Home 8149 Gravois
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3627 Michigan Av. 9
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Josephine Terentz

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 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased About (Month) 1861 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Abt 85			hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Novak 6
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant Tillie Solomon
(b) Address 3627 Michigan Av

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/46 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery

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

19. (a) 10-7-46 (Date received local registrar) (b) Ruth Allen (Registrar's signature) M.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1946 hour 10.45 minute A M.

21. I hereby certify that I attended the deceased from Sept. 28th, 1946 to Oct. 4th, 1946 and that I last saw her alive on Oct. 3rd, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	2 days
Due to 93a	
Due to Chronic	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations no
Of autopsy no

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 0

23. Signature H. H. Walters (M. D. ~~XXXX~~
Address 3608 S. Grand Blvd. Date signed 10/5/46

(Licensed Embalmer's Statement on Reverse Side)

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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Ave

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.