

No. 2
1-5-43
5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNITED STATES HEALTH DEPARTMENT
STANDARD CERTIFICATE OF DEATH

35597

FILED **21 1946**
318

State File No. _____
Registrar's No. **8674**

Registration District No. _____ **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis City Hospital**
(c) Name of hospital or institution: **St. Louis City Hospital**
Max C. Stakloff Memorial
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

3. (a) PRINT FULL NAME **FRANCES SEDLACEK**
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 **Widow**
6. (b) Name of husband or wife **Joseph Sedlacek** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **August 16th, 1870**
(Month) (Day) (Year)

8. AGE: Years **76** Months **1** Days **20** If less than one day hr. min.

9. Birthplace **Czechoslovakia**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

MOTHER FATHER
12. Name **Thomas Barta**
13. Birthplace **Czechoslovakia**
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas Sedlacek**
(b) Address **1504a S. 10th Street**
17. (a) **Burial** (b) Date thereof **10-10-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Old SS. Peter & Paul**

18. (a) Signature of funeral director **Wm C. Smyth**
(b) Address **1926 Allen Avenue**
19. (a) **OCT 9 1946** **J. F. Buseck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **23**
(c) City or town **St. Louis** **17**
(d) Street No. **1504a S. 10th Street** **9**
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **7**
year **1946** hour **12:25** minute **P** M.
21. I hereby certify that I attended the deceased from **September**
14 19 **46** to **October 7** 19 **46**
that I last saw her alive on **October 7** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Hypertensive cardiovascular disease with cardiac decompensation
Due to.....
Due to.....
Other conditions **Pancholeia with cerebral arteriosclerosis**
(Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....
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?
While at work? (Specify type of place) (e) Means of injury.....
23. Signature **William C. Smyth** (M. D. or other) **WCD**
Address **1515 Lafayette Avenue** Date signed **10/7/46**

(Licensed Embalmer's Statement on Reverse Side)

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

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 Avenue

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.