

No. 2
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1947
Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1003**

6453
State File No. _____
Registrar's No. **1718**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Park Lane Memorial Hospital
(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. 1214 Geyer Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME VERNA HRADSKY
3. (b) If veteran, name war _____
3. (c) Social Security No. 493-20-6190

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 17th
year 1947 hour 2 minute 30 P.M.

4. Sex Female **5. Color or** race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Hradsky **6. (c) Age of husband or wife if** alive 43 years
7. Birth date of deceased February 24-1902
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 17, 1946 to Feb. 17, 1947
that I last saw her alive on Feb. 17, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 44 Months 11 Days 23
If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma of the Liver
Duration _____

9. Birthplace Bonne Terre, Missouri
(City, town, or county) (State or foreign country)

Due to Plural effusion
Due to Pleurisy

10. Usual occupation Shoe Worker

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____

11. Industry or business _____
12. Name John Pavlick
13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

16. (a) Informant William Hradsky
(b) Address 1214 Geyer Avenue
17. (a) Burial (b) Date thereof Feb? 20-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul

(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? _____

18. (a) Signature of funeral director Model
(b) Address 1926 Allen Avenue
19. (a) FEB 19 1947 (Date received local registrar)
J. F. Brudeck (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
Signature W. J. Brudeck (M. D. or other)
Address 4661 Virginia Ave **Date signed** 2/19/47

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.....

Me

....., 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.