

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10754

State File No. _____

FILED MAR 24 1947
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 2660

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:
2057 Russell Blvd
(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. 2057 Russell Blvd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amelia Dolezal

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 Joseph (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 6 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 9 5 hr. _____ min. 6

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Jelinek

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

14. Maiden name Amelia Jelinek

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

16. (a) Informant Jerry R. Dolezal

(b) Address 2057 Russell Blvd

17. (a) Burial (b) Date thereof 3/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Van C. Russell Burial Home

(b) Address 1926 Allen Av

19. (a) _____ (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1947 hour 2 minute A M.

21. I hereby certify that I attended the deceased from March 15 1947 to March 11 1947
that I last saw her alive on March 11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic suppurative

Duration

6 years

Due to _____

Due to _____

Other conditions _____
(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) (c) Means of injury _____

23. Signature John D. Hart (M. D. or other) _____

Address 28402 California Date signed 3-14-47

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

MOTHER FATHER

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 O. Pincera

..... 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.