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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11843  
State File No. \_\_\_\_\_  
Registrar's No. 2556

Registration District No. 318 Primary Registration District No. 1003

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

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:  
4140 Humphrey Street  
(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

3. (a) PRINT FULL NAME Hedvicka Macner  
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 Married  
6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased October 13 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 4 25 hr. \_\_\_\_\_ min.

9. Birthplace: Czechoslovakia 6  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Vaolav Svoboda 6  
13. Birthplace Czechoslovakia (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Macner  
(b) Address 4140 Humphrey Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/11/47  
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wm. C. Mudd, Funeral Home  
(b) Address 1926 Allen Av

19. (a) MAR 11 1947 (Date received local registrar) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 1617  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4140 Humphrey Street 9  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th  
year 1947 hour 6.30 minute P M.

21. I hereby certify that I attended the deceased from Feb 7/47  
March 8 1947  
that I last saw her alive on March 8 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction 4 M.  
Septic Condition  
Due to: Arteriosclerosis  
Due to: Hypertension 2 years  
Other conditions: Myocardial Infarction 6 yrs  
(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? 0

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
Signature: W. C. Mudd (M. D. or other) MD  
Address: 5844 Colif St Date signed: 3/11/47

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**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 Bernard Duncan  
Licensed Embalmer No. 2272  
P. O. Address 1924 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.