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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

11300

State File No. \_\_\_\_\_

FILED MAR 24 1947 318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003 Registrar's No. 2721

1. PLACE OF DEATH:  
(a) County MISSOURI  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1716 DOLMAN  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 60 YRS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County St. L  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1716 DOLMAN  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Josephine MCKOVSKY  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MAR. day 17  
year 1947 hour 2 minute 30 P.M.  
21. I hereby certify that I attended the deceased from  
May 10 1939 to March 17 1947  
that I last saw her alive on March 12 1947  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOW  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased FEB. 17, 1868  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_ Duration  
Coronary Thrombosis 3 days  
Due to Ck. myocarditis 5 yrs.  
Due to Arteriosclerosis 1 yr.  
Other conditions Ck. Bronchitis 3 yrs.  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
79 0 25 hr. \_\_\_\_\_ min.  
9. Birthplace BOHEMIA  
(City, town, or county) (State or foreign country)  
10. Usual occupation WIDOW

Major findings: none  
Of operations \_\_\_\_\_  
Of autopsy none  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business AT HOME  
12. Name UNKNOWN  
13. Birthplace BOHEMIA  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace BOHEMIA  
(City, town, or county) (State or foreign country)

16. (a) Informant FRANK MCKOSKY  
(b) Address 1716 B DOLMAN  
17. (a) BURIAL (b) Date thereof MAR. 15, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation OLD. S.S. PETER + PAUL

22. If death was due to external causes, fill in the following:  
(c) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence none  
(d) 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 Thomas Kulis  
(b) Address 2914 BIAVOIS  
19. (a) MAR 14 (b) J. F. Bredest  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature J. F. Bredest (M. D. or other) MD  
Address 2767 Morris Ave Date signed 3-14-47

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

MOTHER FATHER

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Geo J. Budde  
Licensed Embalmer No. 3989  
P. O. Address St. Louis, Mo.

**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.**