

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1616a S. 12 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)

3. (a) PRINT FULL NAME VERONICA ADAMEC  
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 Frank Adamec  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 4-1861  
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Martin Tomasek

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

14. Maiden name unknown

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

16. (a) Informant Bertha Reis

(b) Address 8100 S. Broadway

17. (a) Burial (b) Date thereof July 19-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Model

(b) Address 1926 Allen Avenue  
JUL 18 1947  
(c) Signature of registrar J. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County do do  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1616a S. 12th Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th  
year 1947 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 5  
1947 to July 16 1947  
that I last saw her alive on July 14 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Chronic Bronchopneumonia  
Duration 8 months

Due to Arteriosclerosis 12 months

Due to hypertension 5 years  
3 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1/2/1  
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 0

23. Signature Albert F. Bania (M. D. or other)  
Address 1841 d 12th Date signed 7/18/47

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..... *Benjamin L. 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.**