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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25311

Registrar's No. 7141

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4654 Louisiana Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
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. 4654 Louisiana Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MAGDALEN BERAN

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 William Beran

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 5-1881 (Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 25 If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frank Peleska
13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Hoffman
15. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

16. (a) Informant William Beran
(b) Address 4654 Louisiana Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1-1947 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director Mordell
(b) Address 1926 Allen Avenue

19. (a) JUL 31 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th year 1947 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 22, 1946, to July 30, 1947 that I last saw her alive on July 30, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Colon	6 mo
Due to: Arteriosclerosis and hypertension	1 year
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. G. W. Jungk (M. D. or [redacted])
Address 2278 S Jefferson Av. Date signed 7-30-47

(Licensed Embalmer's Statement on Reverse Side)

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.