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17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25672

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 6514

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:  
4815 SIEGEL Sigel  
(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 Josephine HUSAK

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 SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: MAY 29 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 1 9 hr. min.

9. Birthplace: ST. LOUIS, MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

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

12. Name FRANK HUSAK

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

14. Maiden name JOHANNA KRODELKA

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

16. (a) Informant MARY SCHMIEDER

(b) Address 4815 SIEGEL

17. (a) BURIAL (b) Date thereof JULY 11, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER & PAUL Cem.

18. (a) Signature of funeral director Thomas Kutis & Son

(b) Address 2906 GRAV915

19. (a) JUL 20 1947 (b) J. J. Prudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County One  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4815 SIEGEL Sigel  
(If rural, give location)  
(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 8  
year 1947 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from 11/13  
1935 to 7/8 1947  
that I last saw her alive on 7/8 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: cardio-vascular renal syndrome  
@ 2 arteriosclerosis  
Hypertension  
Due to \_\_\_\_\_

Duration

several  
years

Due to \_\_\_\_\_

Other conditions: 1/31  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations \_\_\_\_\_

Of autopsy none

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 Wm. J. Walsawa MD (M. D. or other)

Address 3804 Wilmington Ave Date signed 7/9/47

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.....

*Francis C. Bell*

Licensed Embalmer No.....

*4347*

P. O. Address.....

*2906 Dennis*

**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.**