FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 31 1947

Registration District No. .....

Primary Registration District No. 1003

State File No. 29146

Registrar's No. 7712

WRITE PLAINLY—USING 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 1840a Menard 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 23 1840a Menard Street 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME ANNA HRABOVSKY

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 Martin Hrabovsky

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

7. Birth date of deceased October 13-1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	9	29	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Martin Zemanovich 6
13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eva Majtas
15. Birthplace Czechoslovakia 6
(City, town, or county) (State or foreign country)

16. (a) Informant August Hrabovsky
(b) Address 1840a Menard Street

17. (a) Burial (b) Date thereof Aug. 15-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia

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

19. (a) AUG 13 1947 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
year 1947 hour 8 minute 12 P. M.

21. I hereby certify that I attended the deceased from Aug 8, 1947, to Aug 12, 1947;
that I last saw him alive on Aug 12, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	1 day.
Due to Chronic coronary arterial disease	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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) 0

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other) MD

Address 2026 So 9th Date signed 8/15/47

Jefferson City Printing Co.

(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.