

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 23 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32419

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No.

8651

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:
2028a s 9th Street 3
(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
23 (If outside city or town limits, write "RURAL")
(d) Street No. 1851 s 11th Street 9
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Josephine Cordevant

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 Divorced

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if

7. Birth date of deceased May 21 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 3 21 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Andrew Pluhars

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

14. Maiden name Mary Kara

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

16. (a) Informant Lawrence Cordevant

(b) Address 1858 s 11th Street

17. (a) Burial (b) Date thereof 9/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Wm. C. Majdel Funeral Home

(b) Address 1926 Allen Av

19. (a) SEP 14 1947 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1947 hour 7.07 minute P M.

21. I hereby certify that I attended the deceased from Aug 15 1947 to Sept 12 1947
that I last saw her alive on Sept 12 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis
disturbance of heart Duration 2 yr

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?

23. Signature J. J. Brudeck (M. D. or other) MD
Address 3026 W 9th Date signed 9/15/47

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

MOTHER FATHER

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 Benny J. Pincan
Licensed Embalmer No. 2272
P. O. Address 1926 Allen

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.