

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10316
State File No. _____
Registrar's No. 3138

Registration District No. 318 Primary Registration District No. 1003

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:
1531 Vail Place
(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
(If outside city or town limits, write "RURAL")
(d) Street No. 1531 Vail Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARIE JANKU
(b) If veteran, name war _____ (c) Social Security No. _____
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Janku 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March 27-1898
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 30th
year 1948 hour 3 minute 00 A. M.
21. I hereby certify that I attended the deceased from June 12 1947 to March 30 1948
that I last saw him alive on March 28 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 0 Days 3 If less than one day
hr. _____ min _____

Immediate cause of death Coronary thrombosis Duration 4 hr.
Coronary Thrombosis
Due to arteriosclerosis 10 yr.
cardio-renal disease 10 yr.
Due to Arteriosclerosis, Cardio Renal Disease
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Joseph Sokup
13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)
14. Maiden name Frantiska Mikulich
(City, town, or county) (State or foreign country)
15. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Janku
(b) Address 1531 Vail Place

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?

17. (a) Burial (b) Date thereof 4-1-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection

While at work? _____ (Specify type of place)
(e) Means of injury _____

18. (a) Signature of funeral director Myrdell Prod. Co.
(b) Address 1926 Allen Avenue
19. (a) MAR 31 1948 (b) J. F. Briscoe
(Date received local registrar) (Registrar's signature)

23: Signature Edward W. Hamtil (M. D. or other)
Address 1504 So. Grand Date signed 3/31/48

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

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.