

No. 2
-1/47
5-17-39

National Office of Vital Statistics

State File No.

FILED APR 12 1948

318

1003

3211

Registration District No.

Primary Registration District No.

Registrar's No.

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:
5535 Plover Ave.
(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.....

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

(d) Street No. 5535 Plover Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME MARTHA MINDAK

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..... married

6. (b) Name of husband or wife..... Joseph

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

7. Birth date of deceased May 12, 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1948 hour 12:30 A.M. minute..... M.

21. I hereby certify that I attended the deceased from Apr 1
..... 1948, to Mar 27 1948
that I last saw her alive on Mar 27 1948
and that death occurred on the date and hour stated above. Duration

Immediate cause of death Capture of prophoged base

8. AGE: Years Months Days If less than one day

74 5 19 hr. min.

Due to.....

Due to..... Arteriosclerosis heart disease

Other conditions..... Decompensation
(Include pregnancy within 3 months of death)

9. Birthplace Chicago Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause of which death should be charged statistically.

11. Industry or business.....

12. Name Jacob Konkol

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

14. Maiden name Julianna Stanka

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

16. (a) Informant Edward Mindak

(b) Address 5535 Plover Ave.

17. (a) Burial (b) Date thereof 4/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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)

18. (a) Signature of funeral director SULLIVAN'S

(b) Address 2849 N. Euclid Ave.

19. (a) APR 2 1948 (b) J. F. Bredbeck
(Date received local report) (Registrar's signature)

23. Signature Dr. Harold Sells M.D.
6728 N. Flourmont
Address..... Date signed.....

4-1-48

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

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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

Robert L. Pinkman

Licensed Embalmer No. 3553
P. O. Address _____

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.