S. No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10952

State File No.

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 633

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

MAR 10 1948

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7539 Harter Avenue
(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 St. Louis 96

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 7539 Harter Avenue
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME KATHERINE MORAVEK

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 Moravek

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April (Month) 23-1888 (Day) (Year)

8. AGE: Years 59 Months 10 Days 11 If less than one day ..... 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 Frank Provaznik
13. Birthplace Czechoslovakia 6
(City, town, or county) (State or foreign country)

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

16. (a) Informant Joseph Moravek
(b) Address 7539 Harter Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Mordell Und. Co
(b) Address 1926 Allen Avenue

19. (a) 3-8-48 (Date received local registrar) (b) Carl G. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1948 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan ....., 1948, to 3/4 ....., 1948; that I last saw her alive on 3/21 ....., 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction — Duration 10 hrs

Due to Carcinoma of Stomach & Carcinomatosis of Abdomen

Due to .....

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

23. Signature Hugh Haynes (M. D. or other) MD
Address 3720 Washington Ave Date signed 3/5/48

(Licensed Embalmer's Statement on Reverse Side)

3720 [illegible]
3-6 P.M.

MAR 16 1948

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.