

National Office of Vital Statistics
FILED AUG 6 1948

Registration District No. **318**

Primary Registration District No. **1003**

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:
6033 Odell
(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") **17**

(d) Street No. **6033 Odell**
(If rural, give location) **9**

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

If yes, name country.....

3. (a) PRINT FULL NAME **Katherine Hasek**

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 **Anton** 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **October 13 1875**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22**
year **48** hour **3** minute **15** P.M.

21. I hereby certify that I attended the deceased from **5-8 1948** to **7-22 1948**
that I last saw her alive on **7-22 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of the Liver

Duration **7**

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

72 9 9 hr. min.

Due to.....

Due to.....

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

Major findings:
Of operations **no operation**

Of autopsy **no autopsy**

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

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Vincent Ujka**

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

14. Maiden name **Marie Zikes**

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

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 means of injury)

23. Signature **George Stecker M.D.** (M. D. or other)
Address **1624 N. Grand** Date signed **7/23/48**

16. (a) Informant **Anton Hasek**
(b) Address **6033 Odell**

17. (a) **Cremation** (Burial, cremation, or removal) (b) Date thereof **7/26/48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **Wm. E. ...**
(b) Address **1926 Allen Av**

19. (a) **AUG 23 1948** (Date received local registrar)
(b) **J. J. Buseck** (Registrar's signature)

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING 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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Frank J. Wyland
Licensed Embalmer No. 2645
P. O. Address St Louis Mo.

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.