

3000  
0-47  
7-39  
3906

31423

FILED OCT 9 1948

318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town ST. LOUIS MO.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
ST ANTHONY'S HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 17

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 9

(d) Street No. 1222 VICTOR (If rural, give location) 1

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

If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME ELIZABETH SEDLACEK

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 67 years

7. Birth date of deceased MAY 13 1881  
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS, MO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

12. Name JOSEPH SCHORER

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

14. Maiden name ANNA POLANSKI

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

16. (a) Informant JOSEPH SEDLACEK

(b) Address 1222 VICTOR

17. (a) BURIAL (b) Date thereof: OCT. 2, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER + PAUL CH.

18. (a) Signature of funeral director Thos. Kutis & Son

(b) Address 2906 GRAVOIS ST. LOUIS MO

19. (a) SEP 29 1948 (b) J. F. Bredack  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 29  
year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from December 1, 1947 to Sept 29, 1948  
that I last saw her alive on Sept 29, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration 4 days

Due to Hypertension 2 years

Due to arteriosclerosis

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature Henry T. Cooper (M. D. or other) MD.

Address 1114 Plant St. Date signed 29/10/48

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

MOTHER FATHER

8

01-4-147  
1115  
True Thomas Alley

**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 Harmon C. Hill

Licensed Embalmer No. 4347

P. O. Address. 2906 Travis

**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.**