

10-47
17-39
I 3906

FILED NOV 6 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
3011 Allen 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

3. (a) PRINT FULL NAME JOSEPHINE SVOBODA

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 **Widow**
 6. (b) Name of husband or wife **Ferdinand F. Svoboda**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **March 18-1861**
 (Month) (Day) (Year)

8. AGE: Years **87** Months **7** Days **5**
 If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Philip Brinda**

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

14. Maiden name **Unknown**

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

16. (a) Informant **May Svoboda**

(b) Address **3011 Allen Avenue**

17. (a) Burial (b) Date thereof **10-25-1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Picker**

18. (a) Signature of funeral director *Wm C. Mayhew*
1926 Allen Avenue

(b) Address **1926 Allen Avenue**
OCT 25 1948 (b) *J. B. Foster*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (If outside city or town limits, write "RURAL")
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3011 Allen Avenue**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **23**
 year **1948** hour **1** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Aug 4**
1948 to **Oct 23 1948**
 that I last saw her alive on **Oct 22 1948**
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Uremia**
 Duration **6 days**

Due to **Chronic Nephritis**
 Due to **Nephritis**

Other conditions **Head Aneurysm**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations **1/21**
 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)
 (e) Means of injury _____

23. Signature *C. Baumgartner* (M. D. or other)
Address **2874 W. Oct 25 1948** Date signed **10/23/48**

C. Baumgartner

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 Benz I Duncan
Licensed Embalmer No. 2272
P. O. Address 1926 Allen

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.