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3905

FILED NOV 24 1948

Registration District No. **318**

Primary Registration District No. **1005**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital #1
(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

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

(d) Street No. 1805 S. 14th Street
(If rural, give location)

(e) 23 (Specify whether _____) (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME ANNA TUCEK

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th
year 1948 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 3
1946 to Nov 11 1948

that I last saw her alive on Nov 10 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Method Tucek Sr. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 19-1882
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis Duration 3 days

Due to Chronic myocarditis 3 years

Due to arterosclerosis 2 years

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

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

66 5 22 hr. _____ min. _____

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

Usual occupation Housewife

10. Industry or business _____

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Name William Minarik

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

Maiden name Unknown

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

Informant Charles Tucek

Address 1805 S. 18th Street

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 Willard J. Neal (M. D. or other) Do
Address 1829 S. 18th St. St. Louis, Mo Date signed 4/11/48

(b) Date thereof 11-13-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Woydell Lind

(b) Address 1926 Allen Avenue

19. (a) NOV 12 1948 (Date received local registrar)

J. B. Lascater (Registrar's signature)

can be used for 1948
#19

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 Benj. L. Durian
Licensed Embalmer No. 5272
P. O. Address 1726 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

death
State File No. 38711-48
Local Registrar's No. 9814

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 194....., before me appears.....
Charles Tucek, who, upon **his** oath, states that the original record of birth
for **Anna M. Tucek**, ~~born~~ **11-11-48**, 19....., in the State of
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. **3a** should read **Anna M. Tucek**

Instead of..... **Anna Tucek**

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

x Affiant **Charles Tucek** Informant
Relationship.

1805 So. 14th St.
Present Address.

Subscribed and sworn to before me this **16** day of **Feb.**, 19**49**

My Commission expires **8-4-49** **Earl C. Paddock** Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

