



3120 Washington

3120 Washington

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed John A. Mlinar  
Licensed Embalmer No. 4186

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.

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

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

2697-50

State of ..... }  
County of ..... } ss.

State File No. ....  
Local Registrar's No. 448

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears.....  
....., who, upon ..... oath, states that the original record of <sup>birth</sup> death  
for **Anna E. Kombrink** died **1-12-1950**....., 19....., in the State of  
~~xxxx~~ Missouri, and which was filed at ..... on....., 19....., should be corrected as follows:

- Item No. **3** should read **Anna E. Kombrink**
- Instead of **Anna Kombrink**
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....
- Item No. .... should read .....
- Instead of .....

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

(SEAL) Affiant **John A. Mlinar** <sup>F. Dir.</sup>  
Relationship.  
**4928 Nat. Bridges**  
Present Address.

Subscribed and sworn to before me this **9** day of **February** **1950**

My Commission expires **3-4-53** **Paul J. Fallock** Notary Public.