

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20184

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
1002
 (b) Township..... Primary Registration District No. Registered No. **5323**
 (c) City..... **St. Louis, Missouri** (d) Street No. **City Sanitarium** St.
 (e) Length of residence in city or town where death occurred **68** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Mracek
 (a) Residence, No. **1720 So. 18th St** St. **23**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Mracek**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **8-30-1859**

7. AGE YEARS **78** MONTHS **9** DAYS **11** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Dressmaker**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Dressmaker**
 10. Date deceased last worked at this occupation (month and year) **1920** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY) **Bohemia**

FATHER 13. NAME **William Brabec**

14. BIRTHPLACE (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY) **Bohemia**

MOTHER 15. MAIDEN NAME **MAGDELENA UNK.**

16. BIRTHPLACE (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY) **Bohemia**

17. INFORMANT **C.H. Brown, M.D.**
 (ADDRESS) **5600 Arsenal St**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **S.S.P. & P. Cem.** DATE **JUNE 13, 1938**

19. FUNERAL DIRECTOR (NAME) **E. J. Schurr**
 (ADDRESS) **3125 Lafayette av.**

20. FILED **JUN 12 1938**
J. F. Bredek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-10-38**, 19

22. I HEREBY CERTIFY, That I attended deceased from **7-1-37**, 19, to **6-10-38**, 19.

I last saw h. alive on **6-10-38**, 19. Death is said to have occurred on the date stated above, at **3:30 P.M.**

The principal cause of death and related causes of importance were as follows:

Degenerative heart disease
7-1-37x

Date of onset

Other contributory causes of importance:
Gangrene of left foot and ankle
5-31-38x

Cause unknown

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **NO**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19

Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **C.H. Brown**, M. D.

(Address) **5600 Arsenal**

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,

Joseph B. Vollmer

or by

Registered Apprentice No., working under my personal supervision.

Signed

Joseph B. Vollmer

Licensed Embalmer No. *4614*

P. O. Address *3125 Lafayette*

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, above space should be left blank.