

JAN 12 1940 791

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH: 2000

- (a) County 2
(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:
1826 Russell Blvd.
(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 Katherine Trcka 62008. (b) If veteran, name war nil 8. (c) Social Security No. nil4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Mathias 6. (c) Age of husband or wife If alive _____ years7. Birth date of deceased June 4, 1857
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
82 6 24 hr. min.9. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business _____

12. Name John Mik13. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)14. Maiden name Katherina Hess
(City, town, or county) (State or foreign country)15. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Kate Trcka(b) Address 1826 Russell Blvd.17. (a) Burial (b) Date thereof Jan. 1-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Old SS, Peter & Paul18. (a) Signature of funeral director Wm. C. Magall(b) Address 1926 Allen Ave.19. (a) DEC 29 1939 (b) J. J. Braudeck
(Date and time of death) (Physician's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1826 Russell Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28
year 1939 hour 8 minute 30 P. M.21. I hereby certify that I attended the deceased from October 12-39
to December 28, 1939, to _____ 19____;
that I last saw her alive on December 28, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Thromboses Dec 28
DurationDue to Chc. MyocarditisDue to Chc. MyocarditisOther conditions Chc. nephritis
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy none

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? None
(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 Wm. C. Magall (M. D. or other) _____Address 12767 Grand Date signed 12-28-39

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. C. Duncan

Licensed Embalmer No.....

2272

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, above space should be left blank.