

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **5272**

FILED
79 JUL 17 1940

1. PLACE OF DEATH:

(a) County _____
(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: **5443 Rhodes**
(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 _____
(c) City or town **St. Louis** **2**
(If outside city or town limits write "RURAL")
(d) Street No. **5443 Rhodes**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **55** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16th.**
year **1940** hour **5** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Sept 1935**
_____ 19____ to **June 16** 19**40**
that I last saw **her** alive on **June 16** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Embolism**
Due to **Chl. Myocarditis**
Chl. Endocarditis
Alimentia Senile **1934**
Other conditions (include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations **none**
Of autopsy **none**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **no**
(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? **no** (Specify type of place) (e) Means of injury _____
23. Signature **J. F. Bredeck** (M. D. or other) **MD**
Address **2767 Francis Ave** Date signed **6-17-40**

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

3. (a) PRINT FULL NAME **Anna Duba** **100**
8. (b) If veteran, name war **N11** 3. (c) Social Security No. **N11**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Frank Duba** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 9, 1858**
(Month) (Day) (Year)

8. AGE: Years **81** Months **11** Days **7** If less than one day hr. _____ min.

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

10. Usual occupation **Housework**

11. Industry or business _____

12. Name **Frank Schoeber**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Anna Miller**

(b) Address **5443 Rhodes**

17. (a) **Burial** (b) Date thereof **6/19/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S.S. Peter & Paul**

18. (a) Signature of funeral director **J. C. Maydell**

(b) Address **1926 Allen, Ave.**

19. (a) **JUN 17 1940** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

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. Duma

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, above space should be left blank.