No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39812

Registration District No. 784 — Primary Registration District No. 111 — Registrar's No. 2128

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights (If outside city or town limits write "RURAL")
(d) Street No. 2029 Princeton (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Anna Bouzek
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Bouzek
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Nov. (Month) 5 (Day) 1894 (Year)

8. AGE: Years 46 Months 0 Days 6 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Frank Urban
13. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Suttner
15. Birthplace Czechoslovakia (City, town, or county) (State or foreign country)
16. (a) Informant William Bouzek
(b) Address 2029 Princeton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/40 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul
18. (a) Signature of funeral director W. C. Mondell
(b) Address 1926 Allen Ave.
19. (a) NOV 12 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11 year 1940 hour 3 am minute M.
21. I hereby certify that I attended the deceased from June 10, 1940, to November 11, 1940 that I last saw her alive on November 10, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Embolism Cerebral	2 days
Due to Mitral Stenosis	5 months
Due to Endocarditis Chronic	5 months
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (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 Louis W. Temme (M. D. or other)
Address 1303 N. Kingsbury Date signed Nov 11-1940

(Licensed Embalmer's Statement on Reverse Side)

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 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.