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

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16616

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4134

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3641 Oregon /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 / 124

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 3641 Oregon (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank L. Doubrava

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Agnes Doubrava

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 2 (Day) 1853 (Year)

8. AGE: Years 87 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Moveria (City, town, or county) / Europe (State or foreign country)

10. Usual occupation Retired Gardner

11. Industry or business

FATHER 12. Name Henry Doubrava

FATHER 13. Birthplace Moveria (City, town, or county) / Europe (State or foreign country)

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Mrs. John L. Allman

(b) Address 3641 Oregon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/41 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Schumacher Bud Co.

(b) Address 3013 Meramec

19. (a) MAY 16 1941 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1941 hour 6.30 minute P. M.

21. I hereby certify that I attended the deceased from July 1939 to May 15 1941; that I last saw he alive on 5/14 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Coronary Occlusion	
Due to Hypertension Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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 Robert C. Dack (M. D. or other)

Address 3707 Gravois Date signed 5/14

(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 George N. Archambault, Registered Apprentice No. ..... working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Miramar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.