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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26925

FILED SEP 17 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6717

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 239
(If outside city or town limits, write "RURAL")

(d) Street No. 1816 S. 10th Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME ANNIE ~~Anne Regola~~ RAGALA

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Ragala

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased About 1870
(Month) (Day) (Year)

8. AGE: Years About 71 | Months | Days | If less than one day hr. min.

9. Birthplace Czecho-Slovakia 6
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Czecho-Slovakia 6
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Czecho-Slovakia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Adam Suska
(b) Address 4728 Dahlia Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 19 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Concordia

18. (a) Signature of funeral director Wm C. Moydell
(b) Address 1926 Allen

19. (a) AUG 18 1941 (Date received local registrar) (b) J. H. Biedrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1941 hour 6:45 minute P. M. M.

21. I hereby certify that I attended the deceased from August 2, 1941, to August 16, 1941;
that I last saw her alive on August 16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver

Due to 30 Y

Due to

Other conditions Syphilis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 3 Y

Duration

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 M. M. Karl (M. D. or other) D
Address Date signed

(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 wi the above constitutes grounds for revocation of license.)

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