

No. 2
1-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30071

791

1003

7410

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(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: 1603 Picker St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 Years.
In this community 50 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad
(c) City or town St. Louis. 23 17 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1603 Picker St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 Years. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1941 hour 5 00 P. M. minute _____ M.
21. I hereby certify that I attended the deceased from Jan 5
1941, to Sept 11, 1941;
that I last saw her alive on Sept 19, 1941;
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME ANNA PEKAREK

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Anthony Pekarek 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 10th 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 10 1 _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business Housewife.

12. Name Joseph Rod

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

14. Maiden name Josephine Kuchar

15. Birthplace Bohemia _____
(City, town, or county) (State or foreign country)

16. (a) Informant John Pekarek

(b) Address 1603 Picker St.

17. (a) Burial (b) Date thereof Sept 15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Thorlutis & Son

(b) Address 2906 Gravois Ave.

19. (a) SEP 13 1941 (b) J. Bredich
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____

Due to chronic myocarditis 13 months

Due to decomp. old agt.

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

Major findings: _____

Of operations asc. 9/2

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Albert F. Bredich (M. D. or other) 0

Address 1841 12th Date signed 9/13/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

David Milton VanFossen, Registered Apprentice No. *280*

working under my personal supervision.

Signed

Thos. L. Lutes

Licensed Embalmer No. *1619*

P. O. Address *2906 Gavois St.*

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, fact should be so stated above.