No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36946 9176

Registration District No. DEC 22 1941 791

Primary Registration District No. 1005

Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
1861 S. 14th St. 1
(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: 000

(a) State Missouri (b) County 14 923

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

(d) Street No. 1861 S. 14th St. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME VERONICA BUJNAK

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex FE Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Andrew

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased About (Month) ~~1875~~ 1876 (Day) (Year)

8. AGE: Years About ~~66~~ 65 Months Unknown Days If less than one day hr. min.

9. Birthplace (City, town, or county) Slovakia 1 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Kolar 6
13. Birthplace (City, town, or county) Slovakia (State or foreign country)

MOTHER
14. Maiden name Unknown 1
15. Birthplace (City, town, or county) Slovakia 6 (State or foreign country)

16. (a) Informant Andrew Bujnak
(b) Address 1861 S. 14th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21-41 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director J. M. C. Maydell
(b) Address 1926 Allen Ave.

19. (a) NOV 19 1941 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9/13, 1935, to Nov. 18, 1941; that I last saw her alive on Nov. 17, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia Bilateral (terminal)	2 days
Due to General debility associated with chronic myocarditis c̄	about 10 years
Due to arteriosclerosis & diabetes melitus.	
Other conditions Acute colitis (Include pregnancy within 3 months of death)	7 days.

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: no

(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 [illegible] (M. D. or other)

Address 3806 Wilmington 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 wit the above constitutes grounds for revocation of license.)

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