

No. 2  
-1-4-41  
5-17-39  
I X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36963

State File No. \_\_\_\_\_  
Registrar's No. **9193**

DEC 22 1941 **791**

Primary Registration District No. **1003**

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

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: St. Anthony Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 Days. (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0011  
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")  
(d) Street No. 2848 S. 18th St. (If rural, give location)  
(e) Citizen of foreign country? 35 Years. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNA BELJAN

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 Married

6. (b) Name of husband or wife John Beljan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 29 1884  
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 19  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Yugo SLAVIA  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife.

MOTHER FATHER { 12. Name Jacob Boesz

13. Birthplace Yugo Slavia (City, town, or county) Unknown (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace Yugo Slavia. (City, town, or county) (State or foreign country)

16. (a) Informant John Beljan

(b) Address 2848 S. 18th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 21/41  
(Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cem

18. (a) Signature of funeral director Thos Curtis & Son  
(b) Address 2906 Gravois Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18  
year 1941 hour 5 45 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 15  
1941 to Nov 17 1941;  
that I last saw her live on Nov 17 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia - following  
Hysterectomy  
Pre-cancerous condition  
of uterus Duration 3 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy Same  
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) (Country) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature J. F. Muech (M.D. or other)  
Address 1803 W. 18th St. Date signed 11-19-41

*H. W. Byrne.*

*La. 0244. 10-12-*

*180-1 P. 8, 7-9. 30*

**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.....

*Frank Shelton VanFossen*

Registered Apprentice No. *280*

working under my personal supervision.

Signed *Frank Shelton VanFossen*

Licensed Embalmer No. *1619*

P. O. Address *2906 Moore*

**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.**