S. No. 2
M—5-42
v. 5-17-39
I X32873

4111

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

35803

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED DEC 11 1942

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 10001

**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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Mos. 2 Days (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State Missourl (b) County 12

(c) City or town St. Louis, 623
(If outside city or town limits, write "RURAL")

(d) Street No. 2224 A S.11 Str.
(If rural, give location)

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

If yes, name country 0

**3. (a) PRINT FULL NAME** Sophie Pratelsky

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race Wht.

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

6. (b) Name of husband or wife Martin Pratelsky

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Unk. (Month) about (Day) 1891 (Year)

8. AGE: Years about 51 Months Unk. Days If less than one day hr. min.

9. Birthplace Slovakia (City, town, or county) 8 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Paul Vojcinak
13. Birthplace Slovakia (City, town, or county) 8 (State or foreign country)

MOTHER
14. Maiden name Unk.
15. Birthplace Unk. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Martin Pratelsky
(b) Address 2224 S.11 Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2. 42 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter & Paul

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

19. (a) DEC 1 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 29, year 1942 hour 4:00 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 27, 1942, 19, to November 29, 19 42 that I last saw er alive on November 29, 19 42 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

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 Drew M. Petersen (M. D. or other)

Address 1515 Lafayette Date signed 11/30/42

(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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Wm L. Maydell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen Ave

**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.**