V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1942

Registration District No. 1003

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 35917

Registrar's No. 9650

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:
2930. a. Minnesota. Av. /
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Missouri. (b) County 169

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

(d) Street No. 2930. a. Minnesota. Av.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Anna. Guzy. Simora.

3. (b) If veteran, name war No.

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 Frank. Simora.

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

7. Birth date of deceased Nov. (Month) I (Day) 1901 (Year)

8. AGE: Years	Months	Days	If less than one day
41		17	hr. min.

9. Birthplace St. Louis. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Wife.

11. Industry or business

MOTHER FATHER

12. Name Andrew Spavor.

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

14. Maiden name Marie Huserik.

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

16. (a) Informant Frank. Simora.

(b) Address 2930. a. Minnesota. Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-42 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Wm C Mongell

(b) Address 1916 Allen Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18 year 1942 hour 3 minute 30. A. M.

21. I hereby certify that I attended the deceased from June 6, 1942 to Nov 18, 1942; that I last saw her alive on Nov 18, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uraemia	1 day
Due to Renal pyelonephritis, nephritis	1 yr.
Pregnancy aggravated	
Due to Pre eclamptic toxemia	
Other conditions 8 mos. pregnancy (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 T. Ashmidering (M. D. or other) MD

Address 2000 S. 9th Date signed 8/18/42

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 [illegible]

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 D. M. Davis

Licensed Embalmer No. 3741

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.