S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15948

FILED JUN 4 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4822

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:
5147 Rosa Ave.
(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:

(a) State Mo. (b) County 000 17

(c) City or town St. Louis 29
(If outside city or town limits, write "RURAL")

(d) Street No. 5147 Rosa Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anna J. Cejka

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Anthony J. Cejka

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June (Month) 20th (Day) 1894 (Year)

8. AGE: Years 48 | Months 11 | Days 3 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Anton Bieker

13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) O

14. Maiden name Anna Leibfried

15. Birthplace Columbia (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Anthony J. Cejka

(b) Address 5147 Rosa Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-43 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 29 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd year 1943 hour 3:35 minute A.M. M.

21. I hereby certify that I attended the deceased from 9 A.M. 19 43 to 10 P.M. 19 43 that I last saw her alive on Sat May 22 19 43 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	1 day
Due to	
Due to	
Other conditions Cardiac Dilitation (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 Chas J. Immer M.D. (M.D. or other)

Address 5323 Fried Blvd. Date signed May 24

(Licensed Embalmer's Statement on Reverse Side)

Trisco
Ga. 0724 Qa: 3209

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 Richard W Storesand

Licensed Embalmer No. 4007

P. O. Address .....

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.