

FILED JUL 31 1943 318

1003

6605

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis,**
(c) Name of hospital or institution:
3020 A Wyoming Str
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(d) Street No. **3020 A Wyoming**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Mary Novy**

3. (b) If veteran, name war..... **No**
3. (c) Social Security No..... **No**

4. Sex..... **Male** 5. Color or race..... **White**
6. (a) Single, widowed, married, divorced, wid. **Wid.**

6. (b) Name of husband or wife..... **John Novy**
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **Unknown about 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 77 Unknown hr. **6** min.

9. Birthplace..... **Czechoslovakia**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **House wife**

11. Industry or business.....

12. Name..... **William Svoboda**
13. Birthplace..... **Czechoslovakia**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**
15. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Anna Novy**
(b) Address..... **3020 A Wyoming Str**

17. (a) **Burial** (b) Date thereof **7/22/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New Picker**

18. (a) Signature of funeral director..... **W. B. Meynell**
(b) Address..... **1926 Allen Ave.**

19. (a) **JUL 21 1943** (b) **J. J. Bredenk**
(Date received local Registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **20**
year **1943** hour **15** minute **10** M.

21. I hereby certify that I attended the deceased from **June 4**
19**43** to **July 20** 19**43**;
that I last saw h. **er** alive on **July 20** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Carcinoma - intestinal**

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature..... **Robert S. Nye** (M. D. or other) **M. D.**
Address..... **3201 Arsenal St.** Date signed **7-20-43**

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

MOTHER FATHER

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 J. 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.