

S. No. 2
OM-2-43
5-17-39
-1 23592

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23592

JUL 24 1943 318

Registration District No.

Primary Registration District No.

Registrar's No.

6409

1. PLACE OF DEATH:

(a) County _____

(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3631 Roswell /
(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 about sixty years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3631 Roswell
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Votruba

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 Anton Votruba

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

7. Birth date of deceased November 7 = 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1943 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from Jan, 1942, to July 13, 1943
that I last saw her alive on July 8, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 8 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Europe 4
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

Immediate cause of death Coronary atherosclerosis chronic myocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

MOTHER FATHER {

12. Name Thomas Vanek

13. Birthplace Europe 4
(City, town, or county) (State or foreign country)

14. Maiden name Agnes Zdasky

15. Birthplace Europe 4
(City, town, or county) (State or foreign country)

16. (a) Informant Anton Votruba

(b) Address 3631 Roswell

17. (a) burial (b) Date thereof 7-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd.

19. (a) JUL 15 1943 J. J. Prudek
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Alfred Goldman (M. D. or other) me
Address 644 11th Ave Date signed 7/15/43

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

Dr. Alfred Goldman
634 North Grand
1 P.M. to 5 P.M.

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 Virgil L. Berryman
Licensed Embalmer No. 74018
P. O. Address St. Louis, Mo.

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.