No. 2
100M—2-43
Re 5-17-39
1 X3559

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

30334

State File No.

FILED SEP 17 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 7983.

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:
3446 Pennsylvania
(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 Missouri (b) County 000

(c) City or town St. Louis 24 17 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3446 Pennsylvania
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Joseph Sana

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Antonie Sana

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

7. Birth date of deceased Unknown about 1879
(Month) (Day) (Year)

8. AGE: Years About 64 | Months Unknown | Days | If less than one day hr. min.

9. Birthplace Czechoslovakia 0
(City, town, or county) (State or foreign country)

10. Usual occupation Costume Tailor

11. Industry or business

FATHER
12. Name Vaclav Sana
13. Birthplace Czechoslovakia 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant William Sana
(b) Address 3446 Pennsylvania Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9/9/43 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wm. G. Mayenkopf
(b) Address 1926 Allen Ave.

19. (a) 9-10-43 (Date received by local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 7 year 1943 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Feb 12 1939, to Sept. 7 1943 that I last saw h. alive on Sept. 7 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Embolism	1 day
Due to: Diabetes Mellitus	
Due to: Chronic Nephritis, Glomerular	
Due to: Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: —	
Of autopsy: none	

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) no

(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? no (e) Means of injury —

23. Signature Jno C Lambeck (M. D. or other) MD

Address 2707 Kingshighway Date signed 9-8-43

(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 C. Moydell

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.