

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36207**
Registrar's No. **10434**

FILED DEC 9 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2023a S. Jefferson Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days) **1**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **23**
(If outside city or town limits, write "RURAL")
(d) Street No. **2023a S. Jefferson Ave.** **000**
(If rural, give location) **NO** **17**
(e) Citizen of foreign country? _____ (Yes or No) **9**
If yes, name country _____

3. (a) PRINT FULL NAME **Anna Canda**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**
6. (b) Name of husband or wife **Joseph** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Unknown About 1860**
(Month) (Day) (Year)

8. AGE: Years **83** Months **Unknown** Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business **Vaclav Vesley**

12. Name **Vaclav Vesley**

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

14. Maiden name **Unknown**

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

16. (a) Informant **George Canda**

(b) Address **2023a S. Jefferson Ave.**

17. (a) **Burial** (b) Date thereof **11/30/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sun Set ~~Burial Park~~**

18. (a) Signature of funeral director **Wm E. Medeck**
(b) Address **1926 Allen Ave.**

19. (a) **NOV 29 1943** (b) **Ja F. Medeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **27** 19**43**
year _____ hour **12** minute **20** M.

21. I hereby certify that I attended the deceased from **March 19 43** to **Nov 27 19 43**
that I last saw her alive on **Nov 27 19 43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pericarditis from Coronary Artery Myocarditis**
Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy **none**

Duration: _____

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 _____

Signature **James H. Hauer** (M. D. or other) _____
Address **2025 S. Jefferson** Date **Nov 29 1943**

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 av

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.