

U. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36871

FILED MAR 20 1944
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2419**

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:
4547 Fair 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 _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____

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

(d) Street No. 4547 Fair Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Matilda Svetlik

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 26 Th 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>5</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER {

12. Name John Adams

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

14. Maiden name Not known

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

16. (a) Informant _____

(b) Address 4547 Fair Ave St. 1944

17. (a) Burial (b) Date thereof March 15 Th
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation Burial Calvary Cem

18. (a) Signature of funeral director Edward Koch

(b) Address 5516 N 14 Th

19. (a) MAR 13 1944 (b) J. F. Prudek
(Date received local health authority) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11
year 1944 hour 5 minute 5 P.M.

21. I hereby certify that I attended the deceased from Mar 9
1944 to Mar 11 1944

that I last saw her alive on Mar 11 1944
and that death occurred on the date and hour stated above

Immediate cause of death acute lobar pneumonia (right upper lobe)

Due to 108

Due to _____

Other conditions acute parenchymatous
(Includes 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) 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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. F. Prudek (M. D. or other) _____
Address 4901 E. 14th Date signed 3/13/44

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

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.....

Harry J. Schumacher

Licensed Embalmer No.....

2679

P. O. Address.....

732 Longwood

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.