V. S. No. 2
0M—9-4-41
Rev. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26219
Registrar's No. 7285

FILED SEP 8 1944

Registration District No. 318 Primary Registration District No. 1003

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:
St. Anthonys Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 9 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4643a Michigan Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Marie Franek

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 Married

6. (b) Name of husband or wife Peter Franek 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Unknown (Month) About (Day) 1894 (Year)

8. AGE: Years About 50 Months Unknown Days If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Weiner
13. Birthplace Czechoslovakia 6 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eva Sebek
15. Birthplace Czechoslovakia 6 (City, town, or county) (State or foreign country)

16. (a) Informant Peter Franek
(b) Address 4643a Michigan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/44 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker

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

19. (a) AUG 22 1944 (Date received local registrar) J. F. Breseck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th year 1944 hour 9 minute 15 a M.

21. I hereby certify that I attended the deceased from Aug 18, 1944, to Aug 20, 1944 that I last saw her alive on Aug 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Incarcerated Hernia & small bowel obstruction — 24 hrs.
Due to P.O. Hernia
Due to
Other conditions Hypertension — 8 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations Incarcerated Hernia & obstruction of small bowel
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)
(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? (e) Means of injury 0

23. Signature H J Shelton (M. D. ~~or other~~) MD
Address 4703 Virginia Date signed 8-21-44

844

(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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen a

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.