

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 672

Registrar's No. 318

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:
3918 Labadie Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... None
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME Anna Prechale3. (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..... Anthony Prechale 6. (c) Age of husband or wife if alive..... 56 years
 7. Birth date of deceased..... 7 (Month) 23 (Day) 1888 (Year)

8. AGE: Years Months Days If less than one day
56 5 19 hr. min.9. Birthplace Unknown Bohemia
 (City, town, or county) (State or foreign country)10. Usual occupation At home

11. Industry or business

12. Name John Cyvins
 13. Birthplace Unknown Bohemia
 (City, town, or county) (State or foreign country)
Anna Drovack
 14. Maiden name.....
 15. Birthplace Unknown Bohemia
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Edna M. Prechale
 (b) Address 3918 Labadie Ave
 17. (a) Burial (b) Date thereof 1/13/45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director..... Math Hermann & Son
 (b) Address 2161 East Fair Ave

19. (a) JAN 12 1945 J. F. Breuch
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3918 Labadie Ave
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th
 year 1945 hour 2:00 AM minute..... M.

21. I hereby certify that I attended the deceased from Jan 1
1943 to Jan 11 1945
 that I last saw her alive on Jan 5 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death mitral regurgitation 20y
 Due to not known
 Due to 92
 Other conditions abdominal ascites 2yr
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 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:

(c) Accident, suicide, or homicide (specify) none
 (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 N. F. Miller (M. D. or other).....
 Address 2404 Broadway Date signed 1-11-45

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 *Harold A Burnley*
Licensed Embalmer No. *4202*
P. O. Address *Albion, 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.