

FILED JAN 31 1945

318

Primary Registration District No. _____

1003

675

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3223 Indiana 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

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. 3223 Indiana Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1945 hour 5.20 minute A M.

21. I hereby certify that I attended the deceased from Jan 1944 to Jan 22 1945
that I last saw her alive on Jan 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Hypertension

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

Major findings:
Of operations _____
Of autopsy _____

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 _____
23. Signature Dr. Lucadara (M. D. or other)
Address 3702 Gravois Date signed 1/22

3. (a) PRINT FULL NAME Anna Rose Reznicek

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 Married

6. (b) Name of husband or wife Joseph E. 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sept 6 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 16 hr. 7 min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Frank Drbousek

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

14. Maiden name Rose Urban

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

16. (a) Informant Joseph E. Reznicek

(b) Address 3223 Indiana Ave

17. (a) Burial (b) Date thereof Jan. 25/ 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cem

18. (a) Signature of funeral director John N. Reinken

(b) Address 2630 Gravois Ave

19. (a) J. F. Brudeck (b) JAN 22 1945
(Date and time of occurrence) (Registrar's signature)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Robert F. Gebbers*.....

Licensed Embalmer No..... 4144.....

P. O. Address..... 2630 Gravois 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.