

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25750
Registrar's No. 5997

FILED JUL 22 1946
318

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St Louis Missouri
(b) City or town St Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2832 Mt Pleasant Street
(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)

3. (a) PRINT FULL NAME Marie Starek

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

7. Birth date of deceased September 9 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 26 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

12. Name Jan Cerveny

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

14. Maiden name Unknown

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

16. (a) Informant Marie Soukup

(b) Address 2832a Mt Pleasant Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/46 (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Wm. G. Maxwell

(b) Address 1926 Allen Av

19. (a) JUL 8 1946 (Date received local registrar) J. J. Bredek (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. 2832 Mt Pleasant Street (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1946 hour 6,30 minute P. M.

21. I hereby certify that I attended the deceased from March 1946 to July 5 - 1946
that I last saw her alive on July 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis -

Due to Chronic Myocarditis, Hypertension

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 Roman J. Phany (M. D. or other) Address 4520 Virginia Date signed 7-6-46

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Bernard Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen St

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.