

S. No. 2
M-5-43
5-17-39
P I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35255**

FILED NOV 7 1946

318

Registration District No. _____

1003

Primary Registration District No. _____

9169

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(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:
3336 Iowa Av.
(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. **3336 a Iowa Av**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Helen Jacko**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Andrew** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept 8 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 **9** **1** **15** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Joseph Ulicny**

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 **Anna Jacko**

(b) Address **3336 A Iowa Av**

17. (a) **Burial** (b) Date thereof **10/26/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S/S. Peter & Paul**

18. (a) Signature of funeral director **Wm B. Mays**

(b) Address **1926 Allen Av**

19. **OCT 27 1946** (b) **J. J. Bredesk**
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **9** year **1946** hour _____ minute **15** P.M.
21. I hereby certify that I attended the deceased from **3-11** to **10-23** 19**46**
that I last saw her alive on **10-22** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary sclerosis**
Due to _____
Due to _____

Other conditions **93**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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 _____ (d) Means of injury _____

23. Signature **Edwin J. Vitt** (M. D. or other) _____
Address **3805 Os Bdwaf** Date signed **10-25-46**

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

MOTHER FATHER

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 Benny P. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen 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.