

FILED JAN 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42973
12052

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County ST. LOUIS MO
(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: 3332 OHIO /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 62 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY DUCHEK
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 WILLIAM 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCTOBER 7 1868
(Month) (Day) (Year)

8. AGE: 79 2 23
Years Months Days If less than one day hr. min.

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

10. Usual occupation WIDOW

11. Industry or business AT HOME

12. Name WILLIAM BLAZICEK

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

14. Maiden name UNKNOWN

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

16. (a) Informant ELIZABETH RASSIGER

(b) Address 3332 OHIO

17. (a) BURIAL (b) Date thereof JAN. 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER + PAUL CEM.

18. (a) Signature of funeral director Thomas Kulis, son

(b) Address 2906 GRAVOIS

19. (a) JAN 1 1948 (b) J. J. Braden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County FLO
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3332 OHIO 9
24 (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 30
year 1947 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec. 29, 1947, to Dec. 30, 1947,
that I last saw her alive on Dec. 30, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemiplegia

Due to Arterio Sclerosis

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 John F. Nember (M. D. or other)

Address 3109 S. Grand Date signed 12/30/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6:58 P.M.
M...
M...
M...

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 E. Hill
Licensed Embalmer No. 4347
P. O. Address 2906 Denver

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,