

S. No. 2  
M-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10728

State File No. \_\_\_\_\_

FILED APR 12 1948

Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **3218**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2928 Virginia Avenue  
(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 0011  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2928 Virginia Avenue 9  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANK STRANSKY

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife Josephine Stransky 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 6-1879  
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name (Unknown) Stransky

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

14. Maiden name Unknown

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

16. (a) Informant Anthone Vyskala

(b) Address 2928a Virginia Avenue

17. (a) Burial (b) Date thereof 4-2-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director W. J. Probst

(b) Address 1926 Allen Avenue

19. (a) APR 2 1948 (b) J. J. Probst  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st  
year 1948 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from Oct 10 1946 to March 31 1948  
that I last saw him alive on Mar. 31 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis Duration 1 day

Due to Carcinoma Oesophagus 15 mo

Due to Metastatic Carcinoma 10 mo

Other conditions Infective Mononucleosis 1 1/2 yrs

(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) No

(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 W. J. Probst (M. D. or other) MD  
Address 2767 Quarris Date signed 4-2-48

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

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17  
9

1067  
P.R. - 0310  
Hester's

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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 Benj. L. Duncan  
Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

**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.**