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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 23 1948

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10789

Registrar's No. 2388

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Marian Hospital
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2225 S. 18th Street 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 23

If yes, name country 0

3. (a) PRINT FULL NAME ELIZABETH A. VOSTRY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Anthony Vostry

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

7. Birth date of deceased August 1-1876 (Month) (Day) (Year)

8. AGE: Years 71 Months 7n Days 7 If less than one day hr. min.

9. Birthplace Czechoslovakia 6
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frank Kalal
13. Birthplace Czechoslovakia 6
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Kotalik
15. Birthplace Czechoslovakia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Jana
(b) Address 2225 S. 18th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul Mogdell Und. Co

18. (a) Signature of funeral director 1926 Allen Avenue
(b) Address

19. (a) MAR 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1948 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 6, 1948, to March 8, 1948 that I last saw her alive on March 8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignant Toxemia	3 days
Due to Gastro-duodenal Cancer with	
Due to out [illegible]	18 M.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (e) Means of injury 0

23. Signature [illegible] (M. D. or other)

Address 7844 [illegible] Date signed 3/9/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Baumgardner

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 Benj. C. 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.