

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED NOV 21 1949

38548  
 State File No. 9509

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		_____		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1625 So 11th St.</b>				
3. NAME OF DECEASED a. (First) <b>Anna</b> (Type or Print)			b. (Middle) <b>Briada</b>		c. (Last) _____		4. DATE OF DEATH (Month) <b>11</b> (Day) <b>3</b> (Year) <b>49</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>11-19-1871</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>14</b>	IF UNDER 1 HR. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. John Nep. Rectory</b>		11. BIRTHPLACE (State or foreign country) <b>C.S. 3</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>Pekarek</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Frank (Deceased)</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Rev. A. Prokes</b> ADDRESS <b>1625 So 11th St 1</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <b>94th</b>				
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>42nd</b>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:30 P.</b> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>Patric E. Taylor</b> (Degree of title) <b>Card</b>			23b. ADDRESS <b>1300 Clark</b>			23c. DATE SIGNED <b>11-4-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-7-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ss Peter &amp; Paul</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>			
DATE REC'D BY LOCAL REG. <b>NOV 4 1949</b>		REGISTRAR'S SIGNATURE <b>J B Pasater</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Myrtle Funeral Home</b>		ADDRESS <b>1426 Allen</b>		

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

**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

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Dale A. Staumann

Licensed Embalmer No. 4533

P. O. Address 1926 Allen

**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.