

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8212**

1. PLACE OF DEATH:

(a) County **St Louis Missouri**  
(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:  
**4405 Neosho Street /**  
(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)

3. (a) PRINT FULL NAME **Anna Kolibob**  
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 \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
7. Birth date of deceased **Sept 17 1862**  
(Month) (Day) (Year)

8. AGE: Years **86** Months **0** Days **2** If less than one day  
hr. min.

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

10. Usual occupation **Housewife**

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

MOTHER FATHER { 12. Name **John Nerman**  
13. Birthplace **Czechoslovakia**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elenora Blika**  
15. Birthplace **Czechoslovakia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John Koval**  
(b) Address **4405 Neosha Street**

17. (a) **Burial** (b) Date thereof **9/22/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Olive Illinois**

18. (a) Signature of funeral director **Wm. C. Myers**  
(b) Address **1926 Allen Av**

19. (a) **SEP 20 1948** (b) **J. F. Braddock**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St Louis**  
(c) City or town **St Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4405 Neosha Street**  
**15** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** 19 **1948**  
year **1948** hour **4.30** minute **P M.**

21. I hereby certify that I attended the deceased from **August 11 1948** to **September 18 1948**  
that I last saw **alive** on **September 18 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to **Chronic Endocarditis**

Due to **Cerebral Embolism**  
**Chr. Interstitial Nephritis**

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 **Henry G. Pieper** (M. D. or other) \_\_\_\_\_  
Address **1726 S. Grand Blvd** Date signed **9/20/48**

WRITE PLAINLY—USE 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

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Benz J. Duncan

Licensed Embalmer No. 2272

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.**