

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL RECORDS  
**FILED** JAN 11 1946 **STANDARD CERTIFICATE OF DEATH**

39402

State File No. \_\_\_\_\_  
Registrar's No. **11592**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

(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:  
**4076 Schiller Place /**  
(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 \_\_\_\_\_

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

(d) Street No. **4076 Schiller Place.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Frances Krizek**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Anton**

6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **March** (Month) **9** (Day) **1884** (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Dec** day **28**  
year **1945** hour **5.45** minute **P** M.

21. I hereby certify that I attended the deceased from **Dec 23**, 1945, to **Dec 28**, 1945;  
that I last saw her alive on **Dec 28**, 1945;  
and that death occurred on the date and hour stated above.

**8. AGE:**

| Years     | Months   | Days      | If less than one day    |
|-----------|----------|-----------|-------------------------|
| <b>61</b> | <b>9</b> | <b>10</b> | hr. _____ min. <b>0</b> |

9. Birthplace **St Louis Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

Immediate cause of death  
**Cerebral Hemorrhage** 5 days  
Due to **arteriosclerosis**

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

**MOTHER FATHER**

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

12. Name **Albert Wuch**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Anton Krizek**  
(b) Address **4076 Schiller Place.**

17. (a) **Cremation** (b) Date thereof **12/31/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mo Crematory**

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

19. (a) **DEC 3 1945** (b) **J. F. Bredack**  
(Date received local registrar) (Registrar's signature)

**PHYSICIAN**

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 **0**

23. Signature **Leo E. Wilucki** (M. D. or other)  
Address **5107 1/2 Grand Ave** Date signed **12/29/45**

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 B. 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.**