

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24355

FILED JUL 31 1948

Registration District No. 377

Primary Registration District No. 3065

Registrar's No. 1707

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Glendale  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 727 Edwin  
(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 St. Louis 96  
(c) City or town University City 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6600 Washington Avenue 5  
(If rural, give location) 1  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Dlouhe

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased November 21, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 7 17 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jefferson County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

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

12. Name William Ptachek

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

14. Maiden name Anna Squar

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

16. (a) Informant Files of Christian Old Peoples Home

(b) Address 6600 Washington Avenue

17. (a) Burial (b) Date thereof July 13, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD PICKER CEMETERY

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1367 Hamilton Avenue

19. (a) 7-12-48 (b) Barbara J. Dlouhe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9, 1948  
year \_\_\_\_\_ hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-30, 1948, to 7-9, 1948  
that I last saw her alive on 2-18, 1948; and that death occurred on the date and hour stated above.

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

Coronary Thrombosis

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

Due to 61

Other conditions Diabetes mellitus, chronic 10 yrs  
(Include pregnancy within 3 months of death)

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 U

3. Signature Kenneth V. Larsen (M. D. or other) \_\_\_\_\_

Address 607 N. Grand Ave Date signed 7-11-48

**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.....

*Henry M. Brammer*

Licensed Embalmer No.....

*4200*

P. O. Address.....

**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.**