

FILED JAN 19 1949

#92720

STANDARD CERTIFICATE OF DEATH

State File No. 3299

Registrar's No. F-23

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>F-23</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3505 Evans Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>Minnie Stanek</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 2nd 1949</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>Sept. 8, 1873</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Troy, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Shelker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wing</u>		14. NAME OF HUSBAND OR WIFE <u>Mike Stanek</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Stanek</u> ADDRESS <u>3505 Evans Ave.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis middle cerebral</u>		INTERVAL BETWEEN ONSET AND DEATH _____					
ANTECEDENT CAUSES		DUE TO (b) <u>Artery</u>					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arteriosclerosis</u>					
2. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>83 1/2 1/2 1/2</u>					
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>12/16/48</u> , 19____, to <u>1/2/49</u> , 19____, that I last saw the deceased alive on <u>1/2/49</u> , 19____, and that death occurred at <u>11:20 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. M. Landon, M.D.</u> (Degree or title)				23b. ADDRESS <u>St. Louis City Hospital</u>		23c. DATE SIGNED <u>1/3/49</u>	
24a. INITIALLY OR REMOVAL (Specify) <u>XXXXXX</u>		24b. DATE <u>1-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IX Troy, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Troy, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>JAN 3 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. L...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Kron Und, Co.</u> ADDRESS <u>2707 N. Grand Blvd.</u>			

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 _____

working under my personal supervision.

Student Embalmer No. _____

Emb cert filed sep.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

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.