

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10889

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>439</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) OR <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		d. STREET ADDRESS (If rural, give location) <u>919 Dammert</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>2 14 1949</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Williams</u>		b. (Middle) <u>- E -</u>		c. (Last) <u>Dvorak</u>		5. SEX <u>male</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>5-4-1890</u>		9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR: Months <u>9</u> Days <u>10</u> IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>shoe worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Boyd-Weisch</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Veronica</u>		14. NAME OF HUSBAND OR WIFE <u>Marie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>St. Louis County Hospital Records</u> ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive arteriosclerosis</u> <u>Cardiovascular Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>4221</u> DUE TO (c) <u>93d</u> II. OTHER SIGNIFICANT CONDITIONS <u>atelectasis of RT. lung - complete</u> <u>atelectasis of LT. lung - partial</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Feb. 10</u> , 19 <u>49</u> , to <u>Feb. 14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb. 14</u> , 19 <u>49</u> , and that death occurred at <u>12:53 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. P. Cole</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>601 So. Brentwood, Clayton (S)</u>		23c. DATE SIGNED <u>2-14-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb-17/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mc Aleen Center</u>		24d. LOCATION (City, town, or county) (State) <u>Jennar -</u>	
DATE REC'D BY LOCAL REG. <u>2-15-49</u>		REGISTRAR'S SIGNATURE <u>Thund...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank...</u>		ADDRESS <u>7420 Michigals</u>	

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

Aug 4 1949

**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 \_\_\_\_\_

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

working under my personal supervision.

Signed Ronald A. Yalinski

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3917

P. O. Address St. Louis

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.