

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 25371

6856

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Johnson City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>310 W. 5th St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>-----</u> c. (Last) <u>Votruba</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 5, 1949</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>August 9, 1892</u>
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MI</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Anton Votruba</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Vanek</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Votruba</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ethel Votruba 310 5th St. Johnson City Ill.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Long standing Peritonitis with organizing effusion - non tubercular in character</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>2 months ago</u>		19b. MAJOR FINDINGS OF OPERATION <u>Chronic Cholecystitis</u>	
20. AUTOPSY? YES <input checked="" 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) <u>127</u>			
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? <u>385X</u>			
22. I hereby certify that I attended the deceased from <u>July 25, 1949</u> to <u>August 5, 1949</u> , that I last saw the deceased alive on <u>August 5, 1949</u> , and that death occurred at <u>7:50 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George A. O'Phillivan MD</u>		23b. ADDRESS <u>421 N. Schirmer</u>	
23c. DATE SIGNED <u>August 6, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 8, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Park Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>1600 Lemay Ferry Road, Lemay, Mo</u>	
DATE REC'D BY LOCAL REG. <u>AUG 7 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister</u>		ADDRESS <u>Undertaking &amp; Livery Co. 781 S. Broadway</u>	

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

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994  
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**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 Harry J. Schumacher

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7814 1/2 Broadway

**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.