

10. 300
10. 48

FILED NOV 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34187

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 2029 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before additional)	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Crystal City</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
c. LENGTH OF STAY (in this place) <u>34 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Crystal City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If rural, give location) <u>727 Crystal Ave. 0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Stephan</u>	b. (Middle)	c. (Last) <u>Visnovske</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2, 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>Aug. 20, 1872</u>	9. AGE (In years last birthday) <u>77</u>	10. UNDER 1 YEAR Months <u>-</u> Days <u>12</u>	11. UNDER 14 HRS. Hours <u>-</u> Min. <u>-</u>
--------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Czechoslovakia</u>	12. CITIZEN OF WHAT COUNTRY? <u>8</u>
---	---	--	--

13a. FATHER'S NAME <u>Stephan Visnovske</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Martincek</u>	14. NAME OF HUSBAND OR WIFE <u>Barbara</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Barbara Visnovska</u>	ADDRESS <u>Crystal City</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		UNKNOWN
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>831X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 Sept 1, 1949, to Sept 3, 1949, that I last saw the deceased alive on Sept 3, 1949, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry Goshki</u>	(Degree or title)	23b. ADDRESS <u>Testes Mo</u>	23c. DATE SIGNED <u>Sept 6 '49</u>
---------------------------------------	-------------------	----------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 5, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic</u>	24d. LOCATION (City, town, or county) (State) <u>Crystal City, Mo.</u>
--	-----------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Sept 6 1949</u>	REGISTRAR'S SIGNATURE <u>Deanna Beckeneller</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gentry R. Follette</u>	ADDRESS <u>Crystal City, Mo.</u>
--	--	---	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number _____
District Health Officer No. 9
RECEIVED NOV 4 1919

APR 20 1921

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.

Student
Student Embalmer

Signed *Jerry R. Politt*

Licensed Embalmer No. *3481*

P. O. Address *Capital City*

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.