

FILED NOV 4 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35958**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **4174**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Koch (rural)</b>		c. LENGTH OF STAY (In this place) <b>444 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Robert Koch Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>6620a Vermont</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Adolph</b> b. (Middle) <b>Thomas</b> c. (Last) <b>Vanek</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 17, 1949</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Meat Cutter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>meat</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Adolph T. Vanek</b>		13b. MOTHER'S MAIDEN NAME <b>Theresa Bartosch (?)</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Gray Vanek</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I</b>		16. SOCIAL SECURITY NO. <b>494-24-9582</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hospital Records, Robt. Koch Hosp.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>7 yrs(??)</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____			002X	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Tbc. Larynx</b>				

19a. DATE OF OPERATION <b>✓</b>		19b. MAJOR FINDINGS OF OPERATION <b>✓</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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 **7-30-48** to **10-17-49**, that I last saw the deceased alive on **10-17-49**, 19\_\_\_, and that death occurred at **12:05 P.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John W. Beckham, M.D.</b>		23b. ADDRESS <b>Robert Koch Hospital</b>		23c. DATE SIGNED <b>10-17-49</b>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10/20/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Pickers</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis MO</b>	

DATE REC'D BY LOCAL REG. <b>10-18-49</b>		REGISTRAR'S SIGNATURE <b>Robert R. Gombke</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Southern Funeral Home 6322 So Grand</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 17 1940

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 *David Lee Fossum*

Licensed Embalmer No. *4543*

P. O. Address *6372 S. Grand*

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.