

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25181**  
Registrar's No. **6290**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6290</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (in this place) <b>15</b> OR TOWN <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>215-9</b> TOWN <b>St Louis</b>		d. STREET ADDRESS (If rural, give location) <b>0</b> <b>4038 Walsh Av</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4038 Walsh Av</b>				d. STREET ADDRESS (If rural, give location) <b>4038 Walsh Av</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Barbara</b>		b. (Middle) _____		c. (Last) <b>Prikryl</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 22 1950</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov 30 1872</b>		9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Czechoslovakia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					
13a. FATHER'S NAME <b>Paul Cabala</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Benes</b>		14. NAME OF HUSBAND OR WIFE <b>Michael Prikryl</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Michael Prikryl 4038 Walsh Av</b>							
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hoiter</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>					
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>322X</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to <b>July 22, 1950</b> , that I last saw the deceased alive on <b>July 22, 1950</b> , and that death occurred at <b>11:45 A.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Edward H. Reinhard M.D.</b>				23b. ADDRESS <b>600 S. Kingshighway, St. Louis</b>				23c. DATE SIGNED <b>July 22 1950</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis</b>					
DATE REC'D BY LOCAL REG. <b>JUL 23 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Sasser</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Moyle Funeral Home 1926 Allen Av</b>					

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 me

working under my personal supervision.

Student Embalmer No. ....

Signed Dale Struman

Signed.....  
Student Embalmer

Licensed Embalmer No. 4533

P. O. Address 1976 Allen

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.