

S. No. 385  
V. 10.48

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29010

4400  
4

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1957

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 OR TOWN <b>Ballwin</b> )		c. LENGTH OF STAY (in this place) <b>3 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lemay Rural 4860</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pine Crest Home #1</b>		d. STREET ADDRESS (If rural, give location) <b>Box 546 a Becker Road.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rosa</b> b. (Middle) ----- c. (Last) <b>Hajduk</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 13 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>Jan. 22, 1879</b>
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months	IF UNDER 11 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>Hungary 8</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>George Mrah</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Rudolph</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rudolph Hajduk Box 546a Becker Rd. Lemay</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		<b>1 day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ----- DUE TO (b) <b>Hypertension</b> DUE TO (c) -----		<b>2 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		<b>331X</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)	
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?	
22. I hereby certify that I attended the deceased from <b>8-9-</b> , 19 <b>50</b> , to <b>8-13-</b> , 19 <b>50</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1.30p</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>R. H. Shepley</b> (Degree or title)		23b. ADDRESS <b>Dickwood, Mo.</b>	23c. DATE SIGNED <b>8/15/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 15, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lemay, Mo.</b>
DATE REC'D BY LOCAL REG. <b>8-15-50</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Danke, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister U. &amp; L. Co. 7814 S. Broadway</b>	

Dr. E.H. Keeble  
209 8th Avenue  
9 30 am

**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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 1st 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.