

FILED DEC 1 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 38433  
3908

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY MISSOURI				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) MISSOURI - St. Louis		c. LENGTH OF STAY (In this place) 2		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6034 CARLSBAD				d. STREET ADDRESS (If rural, give location) 6034 CARLSBAD			
3. NAME OF DECEASED (Type or Print) a. (First) FRANCES -		b. (Middle)		c. (Last) DUBA		4. DATE OF DEATH (Month) (Day) (Year) Nov. 20 1950	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 21 1885	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CZCCHO SLOVAKIA		12. CITIZEN OF WHAT COUNTRY? 6			
13a. FATHER'S NAME MARTIN DONDALEK		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE JOS. DUBA (DECEASED)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph MATOUSTIK 6034 CARLSBAD					
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) Myocardial infarction due ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic coronary vessels 1 year DUE TO (c) Hypertensive Cardiovascular Disease 2 months II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 year 2 months	
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? H201					
22. I hereby certify that I attended the deceased from 4-29-48, 19____, to 11-20, 1950, that I last saw the deceased alive on 11-18, 1950, and that death occurred at 8 A. m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph Matoustik, M.D.				23b. ADDRESS 5203 Chippewa, St. Louis, Mo.		23c. DATE SIGNED 11-20-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 22 1950	24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO			
DATE REC'D BY LOCAL REG. NOV 21 1950	REGISTRAR'S SIGNATURE J. B. Janssen			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutei 2906 Gravois			

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Leo J. Duddle*

Signed.....

Student Embalmer

Licensed Embalmer No. *3989*

P. O. Address *St. Louis, Mo.*

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.