

FILED NOV 17 1950

STANDARD CERTIFICATE OF DEATH

State File No. **39053**  
Registrar's No. **9405**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____					
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) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		<b>2749</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2749 3439 Nebraska Av</b>							
3. NAME OF DECEASED (Type or Print) <b>Vlasta</b>			a. (First)		b. (Middle)		c. (Last) <b>Simek</b>				
4. DATE OF DEATH <b>Nov 4 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>April 18 1902</b>			
9. AGE (In years last birthday) <b>48</b>		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>Charles Muller</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Simek</b>			14. NAME OF HUSBAND OR WIFE <b>Joseph Simek</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Simek</b>					ADDRESS <b>3439 Nebraska Av</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>				II. OTHER SIGNIFICANT CONDITIONS				<b>12 hours</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				<b>2+ years</b>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>Malignant Hypertension</b>							
				DUE TO (c) _____							
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) (Min.) <b>11:15 AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>321X</b>							
22. I hereby certify that I attended the deceased from <b>May 10, 1948</b> , to <b>Nov 4, 1950</b> , that I last saw the deceased alive on <b>Nov 3, 1950</b> , and that death occurred at <b>3:40 A.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>Frank Cohen</b>				(Degree or title) <b>MD</b>		23b. ADDRESS <b>2330<sup>th</sup> Union, St Louis</b>		23c. DATE SIGNED <b>Nov 6/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/7/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Cemetery</b>		24d. LOCATION (City, town, or county) <b>St Louis Missouri</b>		(State) _____			
DATE REC'D BY LOCAL REG. <b>NOV 6 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Moynell Funeral Home</b>					ADDRESS <b>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 G. Johnson

Signed.....  
Student Embalmer

Licensed Embalmer No. 4523

P. O. Address .....

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.