

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42194
1003
State File No.
Registrar's No. 11150

FILED JAN 13 1951
BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		a. STATE Missouri	
c. LENGTH OF STAY (in this place)		b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2115a Sidney Street		c. CITY (If outside corporate limits, write RURAL and give township) St Louis 2237	
e. STREET ADDRESS 2115a Sidney Street		d. STREET ADDRESS (If rural, give location) 2115a Sidney Street 0	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle)	c. (Last) Dvorak	4. DATE OF DEATH (Month) (Day) (Year) Dec 26 1950
-------------------------------------	--------------------	-------------	---------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 11 1872	9. AGE (In years) (Last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
----------------	---------------------------	---	---------------------------------	---	---------------------------	-------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Czechoslovakia 6	12. CITIZEN OF WHAT COUNTRY? US
--	-----------------------------------	---	------------------------------------

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Katherine
-------------------------------	--------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Katherine Dvorak 2115a Sidney Street	ADDRESS 2115a Sidney Street
--	-------------------------	---	--------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 yrs 10 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>Chronic Pancreatitis, by a General Anesthesia</i>			

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H221
--	--	------------------------------------

22. I hereby certify that I attended the deceased from May 19, 1948 to Dec 26, 1950, that I last saw the deceased alive on Dec 23, 1950, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>J. P. Keim</i>	(Degree or title) M.D.	23b. ADDRESS 2730 McNAIR AVE	23c. DATE SIGNED Dec 27 1950
-------------------------------------	---------------------------	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 12/28/50	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) St Louis Missouri
--	-----------------------	--	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 28 1950 <i>J. D. Doster</i>	25. FUNERAL DIRECTOR'S SIGNATURE Moydall Funeral Home 1926 Allen Av
---	--

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

18

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 my

working under my personal supervision.

Student Embalmer No.

Signed

Paul A. Friedman

Signed.....
Student Embalmer

Licensed Embalmer No. 4533

P. O. Address 125 W. 11th St. N. M.

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.