

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2614

State File No. 867
Registrar's No. 1003

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> , b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 2239</u>		d. STREET ADDRESS (If rural, give location) <u>1710 S. 13th ST</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1710 S. 13th ST</u>				d. STREET ADDRESS <u>1710 S. 13th ST</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTON</u>			b. (Middle) _____			c. (Last) <u>HLOUPY</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 26 1951</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			
8. DATE OF BIRTH <u>SEPT. 10 1874</u>		9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <u>BOHEMIA 8</u>		12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>ANTON HLOURY</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			
14. NAME OF HUSBAND OR WIFE <u>AGNES HLOUPY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>AGNES HLOUPY</u> ADDRESS <u>1710 S. 13th</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Lobac Hydrated</u> D ANTECEDENT CAUSES DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Ch. Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ch. Nephritis Glomerular</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Jan 25-51</u> <u>2 mos.</u> <u>2 yrs.</u> <u>1 yr.</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>			
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? <u>none</u>		22. I hereby certify that I attended the deceased from <u>Dec 22, 1950</u> , to <u>Jan 26, 1951</u> , that I last saw the deceased alive on <u>Jan 25, 1951</u> , and that death occurred at <u>7 a.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>Dr. Isaac Lambert MD</u> (Degree or title)		23b. ADDRESS <u>2767 Currier St. St. Louis 18 Mo</u>			
23c. DATE SIGNED <u>1-27-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 29 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEM.</u>			
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>		DATE REC'D BY LOCAL REG. <u>JAN 28 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Farver</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Rutei</u> ADDRESS <u>2906 Gravois</u>			

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

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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.....

Samuel E. Hill

Signed.....

Student Embalmer

Licensed Embalmer No. *43479*

P. O. Address. *2906 Davis*

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.