

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3179

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 215

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri, b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, c. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2159

d. FULL NAME OF HOSPITAL OR INSTITUTION 3420 Itaska St.,

d. STREET ADDRESS (If rural, give location) ADDRESS 3420 Itaska St.,

3. NAME OF DECEASED
(Type or Print) Emma Znamenek, a. (First) b. (Middle) c. (Last)

4. DATE OF DEATH January 7, 1951 (Month) (Day) (Year)

5. SEX Female, 1

6. COLOR OR RACE White,

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed, 2

8. DATE OF BIRTH December 26, 1859

9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months IF UNDER 1 MONTH Days IF UNDER 1 HOUR Hours IF UNDER 1 MIN. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Hungary, 8

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Kobusch,

13b. MOTHER'S MAIDEN NAME Anna Gargulax,

14. NAME OF HUSBAND OR WIFE John M. Znamenek,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph M. Znamenek, 3420 Itaska St.,

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) Nephritis - chr.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis
DUE TO (c) Senility
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anaxial Anemia

INTERVAL BETWEEN ONSET AND DEATH
10 Days
1 yr.
422 1/2

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Dec 1948, to 1-2-1951, that I last saw the deceased alive on 1-6-1951, and that death occurred at 11:45Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. F. Murray M.D. 0

23b. ADDRESS 605-A-Russell Blvd

23c. DATE SIGNED 1-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,

24b. DATE Jan. 10, 1950

24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri,

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE JAN 9 1951 J. B. Foster

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St.,

St. Louis, 18, Mo.

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.....

Joe D. Benz

Signed.....

Student Embalmer

Licensed Embalmer No. 4249

P. O. Address. 2842 Meramec

St. Louis, 18, 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.