

S. No. 300
V. 10.48

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15001
Registrar's No. 1018

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 1018			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (in this place) D.O.A.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2239		d. STREET ADDRESS (If rural, give location) 23 1921 S. 11th St. 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute County Hospital				3. NAME OF DECEASED a. (First) GEORGE b. (Middle) VEDACAK c. (Last)					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		4. DATE OF DEATH (Month) (Day) (Year) Apr. 17 1951			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbers Laborer		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH April 23, 1885		9. AGE (in years last birthday) 65 OF UNDER 1 YEAR Days OF UNDER 1 MTH. Hours Min.			
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lucille Vedacak			
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. 492-05-2505		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Altadonna 6013 Devonshire					
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>Crushing skull injury - suffered in a cave-in of a sewer ditch</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		400 910.5			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Brentwood St. Louis Mo.		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 4/17/51 10 a. m.			
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Cave-in of sewer ditch							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:10 a. m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Arnold J. Willmann</i> (Degree or title) <i>Clerk</i>				23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 4/19/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 20, 1951		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co.; Mo.			
DATE REC'D BY LOCAL REG. 4/18/51		REGISTRAR'S SIGNATURE <i>Herbert R. Dombke</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Kriegshauser</i> 4228 S. Kingshighway Bl.					

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.....

Richard W. Stovessand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.