

FILED OCT 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30642

BIRTH NO.		REG. DIST. NO. 160	PRIMARY REG. DIST. NO. 5592	Registrar's No. 78
1. PLACE OF DEATH a. COUNTY Jefferson Co		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) c. LENGTH OF STAY (in this place) Kestus Rural Joachim		c. CITY (If outside corporate limits, write RURAL and give township) 2169 St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mountain View Nursing Home		d. STREET ADDRESS (If rural, give location) 3757 Potomac St.		
3. NAME OF DECEASED (Type or Print) a. (First) Magdalena b. (Middle) S. c. (Last) Skeljan		4. DATE OF DEATH (Month) (Day) (Year) 9/28/51		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH April 13, 1878	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Austria 4
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown		
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Michael		
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 Rudolph Steffan-7373 Winchester Dr. Normandy, Mo
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy INTERVAL BETWEEN ONSET AND DEATH 6 hours. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 334X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 4:30-51, 1951, to 9-28, 1951, that I last saw the deceased alive on 9-24-51, 1951, and that death occurred at 6:10 a.m., from the causes and on the date stated above.				
23a. SIGNATURE R. J. Donnell, M.D.		23b. ADDRESS Crystal City, Mo		23c. DATE SIGNED 9-25-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 10/1/51		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker - Helderik 2634 Gravois St. Louis MO		
DATE REC'D BY LOCAL REG. 9/28/51		REGISTRAR'S SIGNATURE L. J. Tollett		

(Licensed Embalmer's Statement on Reverse Side)

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

0500
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 10-2-87

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.....
Robert Wheeler

Signed.....
Student Embalmer

Licensed Embalmer No. 2128

P. O. Address St. Louis, 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.