

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31840**
Registrar's No. **8106**

FILED SEP 22 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		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 town) St. LOUIS		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2837a CAROLINE		c. CITY (If outside corporate limits, write RURAL and give township) St. LOUIS 2229	
3. NAME OF DECEASED a. (First) FERDINAND b. (Middle) R c. (Last) SEDLAK		d. STREET ADDRESS (If rural, give location) 2642a RUTGER	
4. DATE OF DEATH 9-12-51	5. SEX M. D	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 2-10-1906	9. AGE (In years last birthday) 45	10. KIND OF BUSINESS OR INDUSTRY REFRIGERATOR	11. BIRTHPLACE (State or foreign country) St. LOUIS, Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASSEMBLER	11. BIRTHPLACE (State or foreign country) St. LOUIS, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME MARTIN SEDLAK	13b. MOTHER'S MAIDEN NAME CAROLINE ROCHERCK	14. NAME OF HUSBAND OR WIFE MARGARET LAVIN	
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. 495-12-4862	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Sedlak 2642a Rutger	
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) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis (Coronary) 1 yr DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 30 min		
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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from 8/14 , 19 47 , to 9/12 , 19 51 , that I last saw the deceased alive on 9/12 , 19 51 , and that death occurred at 12:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. J. Mustachkin M.D.	23b. ADDRESS 3903 Olive St	23c. DATE SIGNED 9/12/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-14-51	24c. NAME OF CEMETERY OR CREMATORY CALVARY	24d. LOCATION (City, town, or county) (State) St. LOUIS Mo
DATE RECD BY LOCAL REG. SEP 12 1951	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmitz 3125 Lafayette	

mjb.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.