

FILED DEC 1 1951

STANDARD CERTIFICATE OF DEATH

39660

State File No. 10445
Registrar's No. 40415

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

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 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2749	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3169 OREGON		d. STREET ADDRESS (If rural, give location) 3169 OREGON	
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) c. (Last) RUZICKA		4. DATE OF DEATH (Month) (Day) (Year) Nov. 23 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 20 1894
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (State or foreign country) MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME JOHN VORACEK		13b. MOTHER'S MAIDEN NAME JOSEPHINE SATEK	14. NAME OF HUSBAND OR WIFE LOUIS RUZICKA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS LOUIS RUZICKA 3169 OREGON

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis of lumber spine		INTERVAL BETWEEN ONSET AND DEATH 4 years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? O.I.D.

22. I hereby certify that I attended the deceased from October 10, 1948, to Nov 23, 1951, that I last saw the deceased alive on Nov 21, 1951, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS 22785 Jefferson	23c. DATE SIGNED 11-23-51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 26 1951	24c. NAME OF CEMETERY OR CREMATORY S. S. PETER + PAUL
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Rutis 2906 Season
DATE REC'D BY LOCAL REG. NOV 24 1951	REGISTRAR'S SIGNATURE [Signature]	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Henry E. Hill

Licensed Embalmer No. 4347

P. O. Address 2906

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.