

FILED DEC 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39803

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100 Registrar's No. 10039

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 town) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2149	
c. LENGTH OF STAY (In this place) 4 WEEKS		d. STREET ADDRESS (If rural, give location) 5073 CHIPPEWA.	
d. FULL NAME OF HOSPITAL OR INSTITUTION MARION HOSPITAL			

3. NAME OF DECEASED (Type or Print) MARY	a. (First)	b. (Middle) —	c. (Last) SVOBODA	4. DATE OF DEATH NOV 10 1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 13 1888	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) BOHOMIA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FRANK KRIZEK	13b. MOTHER'S MAIDEN NAME ANTOINETTE URBON	14. NAME OF HUSBAND OR WIFE WILLIAM SVOBODA
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME WILLIAM SVOBODA	ADDRESS 5073 CHIPPEWA.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH yes years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <i>leukemia mellitus</i> DUE TO (c) <i>metast. clots</i>		
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 checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 260X
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22. I hereby certify that I attended the deceased from Oct 1, 1951, to Nov 10, 1951, that I last saw the deceased alive on Nov 9, 1951, and that death occurred at 8:55 pm., from the causes and on the date stated above.

23a. SIGNATURE H. S. Kyme M.D.	(Degree or title)	23b. ADDRESS 2752 Schreiber	23c. DATE SIGNED 11-12-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV 13 1951	24c. NAME OF CEMETERY OR CREMATORY S. S. PETER & PAUL CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
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DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis	ADDRESS 2906 Blaine Ave.
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WRITE PLAINLY—USING UNFADEING 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.....

Samuel E. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Harris

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.