

STANDARD CERTIFICATE OF DEATH

43293

FILED JAN 10 1952

State File No. 11420
Registrar's No. 11420

BIRTH NO. ---		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		11420		11420	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION 829a Hickory				d. STREET ADDRESS (If rural, give location) 22 829a Hickory					
3. NAME OF DECEASED (Type or Print) a. (First) Rose		b. (Middle)		c. (Last) Romacker		4. DATE OF DEATH (Month) 12 (Day) 22 (Year) 51			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH about 1866		9. AGE (In years last birthday) about 85		IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwk		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland 4			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME John Placek			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE August (Deceased)			
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 Frank Leonard 829a Hickory					
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) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis About 3 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardio Renal Vascular disease						INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4-201					
22. I hereby certify that I attended the deceased from Jan 11, 1951, to Dec 22, 1951, that I last saw the deceased alive on Dec 20, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE G. B. Fritchel M.D.				23b. ADDRESS 3306 1/2 St. Louis Mo		23c. DATE SIGNED 12/24/51			
24a. BURIAL, CREMATION REMOVAL (Specify) Remove		24b. DATE 12-26-51	24c. NAME OF CEMETERY OR CREMATORY St Matthews		24d. LOCATION (City, town, or county) (State) St. Louis Mo				
DATE REC'D BY LOCAL REG. DEC 24 1951		REGISTRAR'S SIGNATURE C. Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen				

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 me

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed John A. Strawn

Licensed Embalmer No. A 533

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.