

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10796

State File No. ....

BIRTH FILED APR 12 1952 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2785

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 <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4010 Conneticut Street</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>	
		d. STREET ADDRESS (If rural, give location) <u>16 4010 Conneticut Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u>		b. (Middle) <u>Zavadil</u>	
		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 23 1952</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 10 1886</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>St Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>Matthew Srnka</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Kohout</u>	
14. NAME OF HUSBAND OR WIFE <u>William Zavadil</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>William Zavadil</u>		ADDRESS <u>4010 Conneticut St/</u>	
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) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential hypertension</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>		<u>10 yrs?</u>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>331X</u>			
22. I hereby certify that I attended the deceased from <u>June 19 47</u> , to <u>Mar. 23, 1952</u> , that I last saw the deceased alive on <u>Apr. 29, 1952</u> , and that death occurred at <u>1:00 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Geo. W. Steen M.D.</u>		23b. ADDRESS <u>3720 Washington Blvd.</u>	
23c. DATE SIGNED <u>3-24-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/26/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Picker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Missouri</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Moylell Funeral Home</u>		ADDRESS <u>1926 Allen Av</u>	

MAR 25 1952 REG.

REGISTRAR'S SIGNATURE  
Carl Smith MD  
M.D.

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 Paul A. Strawn

Licensed Embalmer No. 4533

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.