

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11414

State File No.

XC 1 488 514
Reg. # 98992

FILED MAR 19 1952

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 6076

Registrar's No. 327

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| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS | |
| b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO. | | c. CITY (If outside corporate limits, write RURAL and give township) 13 TOWN JENNINGS 4138 | |
| c. LENGTH OF STAY (In this place) 45 DAYS | | d. STREET ADDRESS (If rural, give location) 2517 ADA ROAD 1 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) A. c. (Last) JEZEK | | 4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 10, 1952 | |
| 5. SEX MALE D | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 7 | 8. DATE OF BIRTH 12-24-89 |
| 9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months 1 Days 16 | IF UNDER 24 HRS. Hours 16 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE WORKER | | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI D |
| | | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME PETER JEZEK | | 13b. MOTHER'S MAIDEN NAME ANNA BUNK | 14. NAME OF HUSBAND OR WIFE FRANCES JEZEK |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I | | 16. SOCIAL SECURITY NO. 11-1-11111 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS, MO. |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA ANTECEDENT CAUSES HYPERTENSIVE CARDIOVASCULAR DISEASE <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) ARTERIOLAR NEPHROSCLEROSIS DUE TO (c) TERMINAL GASTROINTESTINAL HEMORRHAGE | |
| 19a. DATE OF OPERATION NONE | | 19b. MAJOR FINDINGS OF OPERATION 447X | |
| 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.) VA | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 12-27-51 to 2-10-52 , and that death occurred at 9:30A m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE [Signature] | | 23b. ADDRESS (Degree or title) M.D. VET ADM HOSP, JEFF BRKS, MO. | 23c. DATE SIGNED 2-10-52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Feb 13, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, MO. |
| DATE REC'D BY LOCAL REG. 2-12-52 | REGISTRAR'S SIGNATURE Nerbert H. Danks | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz - Koeller 5967 W Florissant Av. | |

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 Francis Williamson

Licensed Embalmer No. 3565

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.