

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11444**

FILED MAR 19 1952 REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **185**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carsonville Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Co. 4000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Penn Nursing Home		d. STREET ADDRESS (If rural, give location) 1230 Yukon Drive	

3. NAME OF DECEASED (Type or Print) Anna	a. (First)	b. (Middle) Levondowski	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 1 21 52
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH 4-15-1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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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) Czechoslovakia 6	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Frank Kelio	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Anthony (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Marie Zika	ADDRESS 1230 Yukon Drive
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 day unknown over 6 months
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerotic Cardiovascular disease		
	DUE TO (c) Arterio sclerotic dementia		
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 4221	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?
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22. I hereby certify that I attended the deceased from **Sept 10, 1951**, to **Jan 21, 1952**, that I last saw the deceased alive on **Jan 15, 1952**, and that death occurred at **10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Lewis Littmann MD (Degree or title)	23b. ADDRESS 8231 Clayton Rd (17)	23c. DATE SIGNED 1/23/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-24-52	24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Mo
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DATE REC'D BY LOCAL REG. 1-23-52	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home	ADDRESS 1926c Allen
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Dr. Lettman
8231 Claydon Rd.

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 Dale A. Shuman

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.