S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 27 1952

State File No. 22484

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5448

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo.
c. LENGTH OF STAY (In this place) –
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CITY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 223.9
d. STREET ADDRESS (If rural, give location) 1838 a DOLMAN

3. NAME OF DECEASED (Type or Print) a. (First) PHILOMENA b. (Middle) c. (Last) PEROUTKA

4. DATE OF DEATH (Month) (Day) (Year) June 13 1952

5. SEX Female

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2

8. DATE OF BIRTH Sept. 28 1876

9. AGE (In years last birthday) 76 — If under 1 year: Months, Days; If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW

10b. KIND OF BUSINESS OR INDUSTRY AT HOME

11. BIRTHPLACE (State or foreign country) MISSOURI

12. CITIZEN OF WHAT COUNTRY? U

13a. FATHER'S NAME ANTHONY KUNZ

13b. MOTHER'S MAIDEN NAME MARY ZIDEK

14. NAME OF HUSBAND ~~OR WIFE~~ ANTHONY PEROUTKA (DEC'D)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME AUGUST PEROUTKA **ADDRESS** 2157 a RUSSELL

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).
It does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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 ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* Jan 15, 1951, *to* Apr 25, 1952, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Cyril Costello (Degree or title) M.D. Med-Dir. City Hospital

23b. ADDRESS 1515 LaFayette

23c. DATE SIGNED 6-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE June 16 1952

24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL

24d. LOCATION (City, town, or county) ST. LOUIS (State) Mo

DATE REC'D BY LOCAL REG. JUN 13 1952

REGISTRAR'S SIGNATURE J Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis **ADDRESS** 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 43491

P. O. Address 2906 Illinois

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
~~County~~ City of St. Louis }

State File No. 22484
Local Registrar's No. 5448

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 27 day of June, 1952, before me appears ....., who, upon ..... oath, states that the original record of ~~birth~~ death for Philomena Peroutka died ~~born~~ June 13, 1952, in the State of Missouri, and which was filed at St. Louis Mo on June 13, 1952, should be corrected as follows:

Item No. 8 should read Sept 28 1876

Instead of Sept 28 1875

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant X August Peroutka son
Relationship.

2157 a Russell Ave.
Present Address.

Subscribed and sworn to before me this 28 day of June, 1952

My Commission expires Mar. 21 1956 Adele Bondi Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M—8-43
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