

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33664

State File No. _____

No. 300
10-48

County
FILED SEP 25 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2339

1. PLACE OF DEATH
a. COUNTY ST. LOUIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FERGUSON c. LENGTH OF STAY (in this place) 6 MONTHS

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2159

d. FULL NAME OF HOSPITAL OR INSTITUTION HALLS FERRY MEM. HOME 15

d. STREET ADDRESS (If rural, give location) 4411^a PENNSYLVANIA

3. NAME OF DECEASED (Type or Print) a. (First) ANTONIA b. (Middle) STANEK c. (Last) CEDECK

4. DATE OF DEATH (Month) (Day) (Year) SEPT. 7 1952

5. SEX FEMALE

6. COLOR OR RACE WHITE

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

8. DATE OF BIRTH DEC 21 1876

9. AGE (In years last birthday) 75 95 75 95 75 95 75 95

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW-NONE

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOSEPH KOVARIK

13b. MOTHER'S MAIDEN NAME FRANCES SVOBODA

14. NAME OF HUSBAND OR WIFE CEDECK (DEC)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ANNA KEELER

ADDRESS 4411^a PENNSYLVANIA

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) Myocardial Infarction

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

DUE TO (c) 4200 disease

II. OTHER SIGNIFICANT CONDITIONS - Diabetes, Old stroke
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 days

unknown

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 26, 1952 to Sept 7, 1952, that I last saw the deceased alive on Sept 3, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lewis Littmann MD

23b. ADDRESS 8231 Clayton Rd (17)

23c. DATE SIGNED 9/8/52

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

24b. DATE SEPT 10 1952

24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK

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

DATE REC'D BY LOCAL REG. 9-8-52

REGISTRAR'S SIGNATURE Herbert R. ...

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

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

8231 Clayton
Pa 0202
3 to 5:00 pm now

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 James C Hill

Licensed Embalmer No. 43474

P. O. Address 2906 Harris

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.