

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33837

State File No.

FILED SEP 23 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2378

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i> <i>Villa Green</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place) <i>1 yr. 5 mo</i>	c. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <i>St. Louis</i>		d. STREET ADDRESS (If rural, give location) <i>11755 Riverview Drive</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Villa Green</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Sept. 12, 1952</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Sister Mary Ludovica</i> b. (Middle) <i>Nemek</i> c. (Last) <i>Nemek</i>			5. SEX <i>F</i>		
6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Feb. 12, 1874</i>	9. AGE (In years last birthday) <i>78</i>	10. MONTHS <i>7</i>	11. BIRTHPLACE (State or foreign country) <i>Bohemia, Austria</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Religious</i>	11. BIRTHPLACE (State or foreign country) <i>Bohemia, Austria</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Frank Nemek</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Lene</i>	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Sister Mary Loyola</i> ADDRESS <i>11755 Riverview Drive</i>		
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) <i>Hypertensive cardiac vascular disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Atherosclerosis</i> DUE TO (c) <i>Senility</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>5 yr.</i> <i>2 yr.</i>
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) m.	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 <i>March, 1950</i> , to <i>Sept. 12, 1952</i> , that I last saw the deceased alive on <i>9-9, 1952</i> , and that death occurred at <i>3:45</i> am., from the causes and on the date stated above.					
23a. SIGNATURE <i>J. W. ...</i>		23b. ADDRESS (Degree or title) <i>M.A. 832-116 Broadway</i>	23c. DATE SIGNED <i>9-12-52</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept. 15, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Villa Green</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, 11755 Riverview Drive, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>9-14-52</i>	REGISTRAR'S SIGNATURE <i>Seebert R. Dombke, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Fendler Und. Co.</i> ADDRESS <i>1420 Michigan</i>		

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 Ronald O Yahrke

Licensed Embalmer No. 3917

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.