

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40511**
Registrar's No. **10359**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		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 town) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) St Louis 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		d. STREET ADDRESS (If rural, give location) 16 4115 Juniata Street	
3. NAME OF DECEASED (Type or Print) a. (First) Barbara b. (Middle) c. (Last) Meek (Mik)		4. DATE OF DEATH (Month) (Day) (Year) Nov 10 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 6 1878
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work demanding most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Czechoslovakia b
13a. FATHER'S NAME William Minarik		13b. MOTHER'S MAIDEN NAME Frances ?	14. NAME OF HUSBAND OR WIFE Charles (Deceased)
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 ADDRESS Mary Barta 4115 Juniata Street
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) Gangrene - Rt Leg ANTECEDENT CAUSES DUE TO (b) Diabetes mellitus DUE TO (c) Atherosclerosis - Gen 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 <input checked="" type="checkbox"/> NO <input 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) St. Louis, Ind.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 260X	
22. I hereby certify that I attended the deceased from June 1951 to Nov 10, 1952 , that I last saw the deceased alive on Nov 9, 1952 , and that death occurred at 4:27 m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS 5397 Grand	23c. DATE SIGNED 11/10/52
24a. BURIAL, CREMATION, REMOVAL	24b. DATE 11/12/52	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St Louis Mo.
DATE REC'D BY LOCAL REG. NOV 10 1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av.	

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 Dale Chapman

Licensed Embalmer No. 4533

P. O. Address 1 Juni 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.