

p. 300
p. 48

43472

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 24 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11072**

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 township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2239		
d. FULL NAME OF HOSPITAL OR INSTITUTION St Anthony's Hospital		d. STREET ADDRESS (If rural, give location) 1765 Preston Place		
3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) c. (Last) Hanak		4. DATE OF DEATH (Month) (Day) (Year) Nov 29 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 3 1883	
9. AGE (In years last birthday) 69		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Czechoslovakia 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Albert Rajchart		13b. MOTHER'S MAIDEN NAME Marie ?	14. NAME OF HUSBAND OR WIFE Martin	
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 Frank Schejbal 5628 Winona Av	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coraia dilatation Pulmonary embolism Extensive Sclerotic heart DUE TO (b) Extensive myocardial damage DUE TO (c) Aschme Pulmonary II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 day 3 days 1 yr. 1 mo. 2 yrs.
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from Nov. 23, 1952 to Nov. 29, 1952 , that I last saw the deceased alive on Nov. 19, 1952 , and that death occurred at 8:30 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE Dr. Joseph ... (Degree or title)		23b. ADDRESS 2767 ...	23c. DATE SIGNED 12-21-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/2/52	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, or county) (State) St Louis Mo.	
DATE REC'D BY LOCAL REG. DEC 2 1952	REGISTRAR'S SIGNATURE J. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av		

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 *[Signature]* _____

Licensed Embalmer No. *4533* _____

P. O. Address *[Signature]* _____

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.