

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4046

State File No. ....

FILED JAN 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 0108

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

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>	c. LENGTH OF STAY (In this place) <b>1 hr.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Lemay</b>	d. STREET ADDRESS (If rural, give location) <b>2008 Telegraph</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Louis County Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Cecelia</b>		b. (Middle) <b>A</b>	c. (Last) <b>Hlad</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 11, 1953</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Apr 11, 1895</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Henry Ziegler</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Bundschuh</b>	14. NAME OF HUSBAND OR WIFE <b>Joseph Hlad</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY # <b>492-22-1170</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joseph Hlad 2008 Telegraph</b>	

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary thrombosis</b>		
		DUE TO (c) <b>Coronary arteriosclerosis</b>		
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None known of</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		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 1-11-, 1953, to 1-11-, 1953, that I last saw the deceased alive on 1-11-, 1953, and that death occurred at 3:04 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John D. Bauer, M.D.</b>	23b. ADDRESS <b>6214 Sunshine Dr. St. Louis 9</b>	23c. DATE SIGNED <b>1/13/53</b>
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/14/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SS Peter &amp; Paul Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo.</b>
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <b>1-13-53</b>	REGISTRAR'S SIGNATURE <b>Harold R. D... M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J L Ziegenhein &amp; Sons 7027 Gravois</b>	
--	---	---	--

**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

*B. P. Tidwell*

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.