

FILED FEB 10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4077

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>367</u>		PRIMARY REG. DIST. NO. <u>546</u>		Registrar's No. <u>0413</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis County -</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton, Missouri</u>		c. LENGTH OF STAY (In this place) <u>5 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, MO. CNTY</u>		d. STREET ADDRESS (If rural, give location) <u>4652 Heidelberg</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				4810				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) _____ c. (Last) <u>Sedivec</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov-4-1891</u>		9. AGE (In years) (If under 1 year last birthday) Months Days Hours Min. <u>61</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Petera</u>		
13b. MOTHER'S MAIDEN NAME <u>Julia Kastner</u>		14. NAME OF HUSBAND OR WIFE <u>Louis R. Sedivec</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Louis R. Sedivec</u>		ADDRESS <u>4652 Heidelberg</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Subarachnoid hemorrhage</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestion of lungs &amp; bronchopneumonia</u>				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>		
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) <u>330X</u>		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? _____		22. I hereby certify that I attended the deceased from <u>1-28 1953</u> , to <u>2-1-1953</u> , that I last saw the deceased alive on <u>2-1-1953</u> , and that death occurred at <u>8:15 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Charles E. Nichols M.D.</u>		23b. ADDRESS <u>601 S. Brentwood Plator. Mo.</u>		23c. DATE SIGNED <u>2-1-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		
24b. DATE <u>Feb-4-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Picker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		DATE REC'D BY LOCAL REG. <u>2-3-53</u>		
REGISTRAR'S SIGNATURE <u>Herbert R. Domb - M.D.</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden F.H. INC.</u>		ADDRESS <u>1936 St. Louis Ave.</u>				

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 Delia J. Krupin

Licensed Embalmer No. 3497

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.