

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **4109**

4109

FILED JAN 30 1953
BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **543** Registrar's No. **0300**

1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings		c. LENGTH OF STAY (in this place) 4 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings Pipe Line			
d. FULL NAME OF HOSPITAL OR INSTITUTION 8312 Mayfair Place Jennings				d. STREET ADDRESS (If rural, give location) 8312 Mayfair Place 4148			
3. NAME OF DECEASED (Type or Print) Marie			a. (First) Marie b. (Middle) Masek c. (Last) Masek		4. DATE OF DEATH (Month) (Day) (Year) Jan 25 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Sept 28 1872		9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Housework			
11. BIRTHPLACE (City and State or Foreign Country) Czechoslovakia				12. CITIZEN OF WHAT COUNTRY? U S			
13a. FATHER'S NAME Anton Lenz		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME William Masek 8312 Mayfair Jennings			
MEDICAL CERTIFICATION							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr Myocarditis ANTECEDENT CAUSES Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: 443X Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs ?			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES ☐ NO ☒		
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 1851, to Jan 25, 1953 that I last saw the deceased alive on Jan 24, 1953 and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. J. J. ...		23b. ADDRESS 6704 W. Florissant		23c. DATE SIGNED Jan 26-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 1/28/53		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory			
24d. LOCATION (City, town, or county) (State) St Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Moylell Funeral Home 1926 Allen Av					
DATE REC'D BY LOCAL REG. 1-26-53		REGISTRAR'S SIGNATURE Herbert R. ...					

(Licensed Embalmer's Statement on Reverse Side)

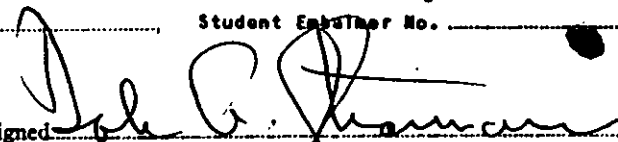
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

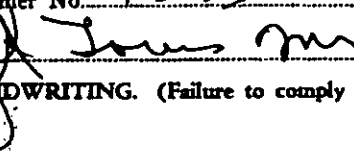
working under my personal supervision.

Student
Student Embalmer

Signed 

Student Embalmer No. _____

Licensed Embalmer No. 4533

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.