

FILED JUN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19345
5372
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 19345	
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 MO		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1340 JANUARY 4				d. STREET ADDRESS (If rural, give location) 1340 JANUARY			
3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) - c. (Last) DUKEL			4. DATE OF DEATH (Month) (Day) (Year) MAY 28 1953				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH NOV 1 1879		9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 Hrs. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) BOHEMIA		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ANDREW DUKEL (DEC'D)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CARLO GIOLA 1340 JANUARY				
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) Coronary Thrombosis. 4 mos. ANTECEDENT CAUSES DUE TO (b) Aethna Pulmonary 5 yrs. DUE TO (c) Chi. Myocarditis 4 yrs. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Infarct 2 mos.						INTERVAL BETWEEN ONSET AND DEATH 4 mos. 5 yrs. 4 yrs. 2 mos.
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR 4201			
22. I hereby certify that I attended the deceased from Nov 10, 1949, to May 28, 1953, that I last saw the deceased alive on May 25, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. Goodenough M.D. 2767 Gravois				23b. ADDRESS _____		23c. DATE SIGNED May 29 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 29 1953	24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEW'S CEM.		24d. LOCATION (City, town, or county) ST. LOUIS MO		(State) _____
DATE REC'D BY LOCAL REG. MAY 29 1953		REGISTRAR'S SIGNATURE Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Gravois			

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

Leo J. Budde
Licensed Embalmer No. *3989*

P. O. Address

St. Louis

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.