

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1953

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

| | | | | | | | |
|--|--|--|--|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>542</u> | | Registrar's No. <u>1848</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND HTS. MO</u> | | c. LENGTH OF STAY (In this place) <u>4 MONTHS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> | | 2107 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3322 PENNSYLVANIA</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>-</u> c. (Last) <u>KADLEC</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 30 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>JULY 7 1871</u> | |
| 9. AGE (In years last birthday) <u>81</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Mins. _____ | | | |
| 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>8</u> <u>BOHEMIA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>UNK.</u> |
| 13a. FATHER'S NAME <u>FRANK BRYNDA</u> | | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>JOSEPH KADLEC</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>488-01-6557</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOSEPH KADLEC 3322 PENNSYLVANIA</u> | | | |
| 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) <u>Aspiration Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3-4 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Vascular Accident</u> <u>4 mos</u> DUE TO (c) <u>Hypertensive Vascular Disease</u> <u>Years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | | | | | 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) (Min.) | | 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>Feb</u> , 19 <u>53</u> , to <u>June</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>June 30</u> , 19 <u>53</u> , and that death occurred at <u>9 P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Edward J. Casella</u> | | | | 23b. ADDRESS <u>3720 Washington</u> | | 23c. DATE SIGNED <u>7/2/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>JULY 3 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u> | |
| DATE REC'D BY LOCAL REG. <u>7-3-53</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutia 2906 Lewis</u> | | ADDRESS | |

1200 Main Street
230 to 5:00 p.m. classes
fe 51.00

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 James C. Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Harris

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.