

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33563**
9424
Registrar's No.

FILED OCT 15 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
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		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 6258 Printz Av			e. STREET ADDRESS (If rural, give location) 2 6258 Printz Av		2029			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Helen c. (Last) Krafcik			4. DATE OF DEATH (Month) (Day) (Year) Sept 29 1953					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec 22 1889		
9. AGE (In years last birthday) 63		10. IF UNDER 1 YEAR Months _____ Days _____		10. IF UNDER 12 HRS. 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 _____		11. BIRTHPLACE (City and State or Foreign Country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Spak			13b. MOTHER'S MAIDEN NAME Helen Serminak		14. NAME OF HUSBAND OR WIFE John (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Michael Spak ADDRESS 6258 Printz Av			
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) Ac. Cardiac Dilatation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Myocardial Damage DUE TO (c) Arricular fibrillation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fibricular extrasystole					INTERVAL BETWEEN ONSET AND DEATH 1 day 2 yrs. 6 mos. 5 mos.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None					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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4222				
22. I hereby certify that I attended the deceased from June 8 1953 , to Sept 29 1953 , that I last saw the deceased alive on Sept 29 1953 , and that death occurred at 10:00 m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Wm. J. Paul			23b. ADDRESS 2767 Garrison Ave			23c. DATE SIGNED 9-30-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/2/53		24c. NAME OF CEMETERY OR CREMATORY S S Peter & Paul		24d. LOCATION (City, town, or county) (State) St Louis Missouri		
DATE REC'D BY LOCAL REG. OCT 1 1953		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Mydell Funeral Home ADDRESS 1926 Allen Av				

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.....
Signature of Student Embalmer

Signed *Reinhold K. Lohr*.....

Licensed Embalmer No. *339*.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.