

## THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1953

State File No. 33800

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9178

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY 2177		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2607 Nebraska Ave.		d. STREET ADDRESS (If rural, give location) 17 2607 Nebraska Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Fred		b. (Middle) Nohavec		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) 9 21 1953		5. SEX Male 0		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10--25--1888		9. AGE (In years last birthday) 64		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10b. KIND OF BUSINESS OR INDUSTRY Tailoring		11. BIRTHPLACE (State or foreign country) Czechoslovakia 6		
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		
14. NAME OF HUSBAND OR WIFE Agnes Nohavec		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Agnes Nohavec		ADDRESS 2607 Nebraska Ave.				
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) Infarction of myocardium Arteriosclerotic coronary thrombosis DUE TO (b) hypertension essential DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 15 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201		
22. I hereby certify that I attended the deceased from Jan 5, 1953, to Sept 21, 1953, that I last saw the deceased alive on Sept 21, 1953, and that death occurred at 12:15 p.m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Edward H. Shantel 0 M.D.		23b. ADDRESS 1504 So Grand Blvd		23c. DATE SIGNED 9/22/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-28-53		24c. NAME OF CEMETERY OR CREMATORY New Pickers		
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE M. J. B.		ADDRESS Moydell Funeral Home, 1926 Allen Ave		
DATE REC'D BY LOCAL REG. SEP 23 1953		REGISTRAR'S SIGNATURE Carl Smith				

(Licensed Embalmer's Statement on Reverse Side)

**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 Reinhold G. Lehman

Licensed Embalmer No. 3395

P. O. Address St. Louis 42

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.