

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **34430**

FILED OCT 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2333

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| 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 <u>2249</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON D.O.A.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute County Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>3826 Michigan Av</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Patricia</u> | b. (Middle) <u>Ann</u> | c. (Last) <u>Jenicek</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 31 1953</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>July 31 1937</u> | 9. AGE (In years last birthday) <u>16</u> | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 YEAR Hours | # UNDER 1 YEAR Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Typist</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>D & R Dry Goods</u> | | 11. BIRTHPLACE (State or foreign country) <u>St Louis Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S</u> | | |

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| 13a. FATHER'S NAME <u>Albert Jenicek</u> | 13b. MOTHER'S MAIDEN NAME <u>Elenor Safranek</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>499-36-9691</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Albert Jenicek</u> ADDRESS <u>3826 Michigan Av</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Multiple fractures; hemorrhage and shock</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES <u>bile which collided with a Mo. Pac. R. R. Co. freight train, which was crossing Gravois Rd. on its right-of-way at Grant Rd;</u> | | |
| | DUE TO (a) <u>suffered while passenger in a Ford automobile</u> DUE TO (b) <u>freight train, which was crossing Gravois Rd. on its right-of-way at Grant Rd;</u> DUE TO (c) <u>Expired at point of impact.</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <u>8104-27</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT (Specify) <u>Homicide Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>R.R. right-of-way</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u> |
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| 21d. TIME (Month) (Day) (Year), (Hour) (Minute) OF INJURY <u>Aug. 31, 1953 2:00 p.m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Blunt Impact</u> |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Arnold J. Williams, Coroner</u> (Degree or title) <u>3</u> | 23b. ADDRESS <u>Clayton, Missouri</u> | 23c. DATE SIGNED <u>9-1-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>9/3/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>9/1/53</u> | REGISTRAR'S SIGNATURE <u>Deborah R. Sambemo</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Moydell</u> ADDRESS <u>Funeral Home 1926 Allen Av</u> |
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(Licensed Emballer'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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Reinhold K. Lohman

Licensed Embalmer No. 3395

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

2025