

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40619

FILED DEC 10 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11496**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give town(ship)) TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1919 Allen Ave.,		d. STREET ADDRESS (If rural, give location) 23 1919 Allen Ave.,	

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Vincent	Frank	Hromadka		12-4-53

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH (Last birthday) May 5, 1882	9. AGE (In years) (Month) (Day) (Hour) (Min.) 71
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter	10b. KIND OF BUSINESS OR INDUSTRY Butcher shop	11. BIRTHPLACE (State or foreign country) Czechoslovakia	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Vincent Hromadka	13b. MOTHER'S MAIDEN NAME Anna Kloucek	14. NAME OF HUSBAND OR WIFE Kristina Hromadka
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Vincent Hromadka	ADDRESS 4510 Shenandoah
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial - Infarct		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 4222
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22. I hereby certify that I attended the deceased from **10-9, 1953**, to **Dec 7, 1953**, that I last saw the deceased alive on **11-20, 1953**, and that death occurred at **4:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) 0. M.D.	23b. ADDRESS 4500 Olive St. St. Louis, Mo.	23c. DATE SIGNED 12-4-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 7, 1953	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. DEC 4 1953	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Moydell Funeral Home 1926 Allen Ave
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

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. Lehmann

Licensed Embalmer No. 3395

P. O. Address.....

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.