THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1954

State File No. 45605

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12246

1. PLACE OF DEATH a. COUNTY /	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4962 Robert	d. STREET ADDRESS (If rural, give location) 2 4962 Robert 20290

3. NAME OF DECEASED (Type or Print)	a. (First) Frank	b. (Middle)	c. (Last) Vanecek	4. DATE OF DEATH (Month) (Day) (Year) Dec 26 1953
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 26 1880	9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decater	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Prague Austra 4		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Frank Vanecek Sr	13b. MOTHER'S MAIDEN NAME Josie Zabransky	14. NAME OF HUSBAND OR WIFE Joise Vanecek		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 494-07-4589	17. INFORMANT'S SIGNATURE OR NAME A Josie Vanecek 4962 Robert		ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage, acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Gen. arteriosclerosis

DUE TO (c) hypertension, C.V. disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: undet.; undet.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
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 ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? 331X

22. *I hereby certify that I attended the deceased from* 1951, 19__, *to* present, 19__, *that I last saw the deceased alive on* 12/26, 1953, *and that death occurred at* 7.10P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)	23b. ADDRESS 16 Hampton Village	23c. DATE SIGNED 12/28/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/29/53	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo		
DATE REC'D BY LOCAL REG. DEC 28 1953	REGISTRAR'S SIGNATURE J Carl Smith MD MDB	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher 3013 Meramec ADDRESS

(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 Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co the above constitutes grounds for revocation of license.)

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