

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10628**

BIRTH NO. **FILED MAR 23 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **5443** Registrar's No. **630**

1. PLACE OF DEATH  
a. COUNTY **StLouis**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)  
a. STATE **Missouri** b. COUNTY **StLouis**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Jennings**

c. LENGTH OF STAY (In this place) **2MO**

c. CITY OR TOWN **Jennings**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **5742 Helen**

e. STREET ADDRESS (If rural, give location) **5742 Helen**

3. NAME OF DECEASED (Type or Print)  
a. (First) **Frank** b. (Middle) **Stanek** c. (Last) **Stanek**

4. DATE OF DEATH (Month) (Day) (Year) **3-10-54**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Aug 8 1876**

9. AGE (In years last birthday) **78**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Brewer**

10b. KIND OF BUSINESS OR INDUSTRY **Stag Brewery**

11. BIRTHPLACE (City and State or Foreign Country) **Germany**

12. CITIZEN OF WHAT COUNTRY? **4**

13a. FATHER'S NAME **Frank Stanek**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Anna Stanek**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **unk.**

16. SOCIAL SECURITY NO. **328-03-3682A**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mabel Stanek 5742 Helen Jennings**

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, arthritis, etc. It means the disease, injury, or complication which caused death.  
  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Myocarditis - Left ventricle**  
ANTECEDENT CAUSES **Due to (b) Myocardial Insufficiency**  
DUE TO (c)  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION  
**Myocarditis - Left ventricle**  
**Myocardial Insufficiency**

INTERVAL BETWEEN ONSET AND DEATH  
**Sudden**  
**Several years**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **4122**

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 20, 1954**, to **Mar 10, 1954**, that I last saw the deceased alive on **Mar 8, 1954**, and that death occurred at **4 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Edward R. Stanek M.D.**

23b. ADDRESS **705 Olive St. Louis Mo**

23c. DATE SIGNED **3-11-1954**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **3-11-1954**

24c. NAME OF CEMETERY OR CREMATORY **Walnut Hill**

24d. LOCATION (City, town, or county) (State) **Belleville Illinois**

DATE REC'D BY LOCAL REG. **3/11/54**

REGISTRAR'S SIGNATURE **Edward R. Stanek**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Pete Gardner Belleville Ill**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Licensed Embalmer No.....

P. O. Address..... StLouis

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.