

# STANDARD CERTIFICATE OF DEATH

State File No. **10036**

10-48

FILED MAY 6 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3849**

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b> c. CITY OR TOWN <b>St. Louis,</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Chronic Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY  c. CITY OR TOWN <b>St. Louis,</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>13 5800 Arsenal St.</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Mary</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>April 28, 1954</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widow.</b>	<b>8. DATE OF BIRTH</b> <b>Nov 3 1883</b>
<b>9. AGE</b> (In years last birthday) <b>70</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Yugoslavia</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U S A</b>		<b>13. FATHER'S NAME</b> <b>Samuel Uhlavik</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna Fleischkacher</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>John Izo, Sr.</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)		<b>16. SOCIAL SECURITY NO.</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mary Thickitt</b>			
<b>ADDRESS</b> <b>6129 Crescent Av</b>			
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Generalized Arteriosclerosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease.</b>  DUE TO (c)	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>4200</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from Feb. 4, 1953, to April 28, 1954, that I last saw the deceased alive on April 28, 1954, and that death occurred at 6:25 A.M., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <i>Palmira Nusser Bowditch M.D.</i>		<b>23b. ADDRESS</b> <b>5800 Arsenal St.</b>	
<b>23c. DATE SIGNED</b> <b>4-28-1954</b>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>		<b>24b. DATE</b> <b>4/30/54</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Valhalla Cemetery</b>		<b>24d. LOCATION (City, town, or county) (State)</b> <b>St Louis County Mo.</b>	
<b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <b>APR-28 1954</b> <i>J. Earl Smith M.D.</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>ADDRESS</b> <b>Moydell Funeral Home 1926 Allen St.</b>	

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

(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.....  
Signature of Student Embalmer

Signed *Reinhold K. Lohman*

Licensed Embalmer No. *33*

P. O. Address *St. Louis*

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.