

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18358
State File No. 184

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>184</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Elston</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>In town 0260</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stephen</u> b. (Middle) <u>Kral</u> c. (Last) _____			4. DATE OF DEATH <u>July 2-1954</u>			# (Month) (Day) (Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 2 1881</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign; Country) <u>Austria</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Machinist Tool</u>		11. BIRTHPLACE (City and State or Foreign; Country) <u>Austria</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stephen Kral - Elston Mo</u>			
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) <u>Arteriosclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 <u>4200</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 2, 1954</u> to <u>July 2, 1954</u> , that I last saw the deceased alive on <u>July 2, 1954</u> , and that death occurred at <u>6:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John D. Matthews, MD</u> (Degree or title)				23b. ADDRESS <u>425 Madison</u>		23c. DATE SIGNED <u>July 3, 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 3-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		24d. LOCATION (City, town, or county) (State) <u>Cicero, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>July 3-1954</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD - MR. 68</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Andrew J. C. Mo</u>			

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

APR 20 1956

MAR 21 1956

MAR 2 1956

MAR 9 1956

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.....
J. H. [Signature]

Licensed Embalmer No. 360

P. O. Address *Juno*

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.