

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25352

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5946**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS, MO.</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3941 KINGSLAND COURT</b>		e. STREET ADDRESS (If rural, give location) <b>3941 KINGSLAND COURT</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>-</b> c. (Last) <b>TRICKA</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 28 1954</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>WIDOW</b>	
8. DATE OF BIRTH <b>MAR. 21 1884</b>		9. AGE (In years last birthday) <b>70</b>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 4 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WIDOW</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>BOHEMIA</b>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>JOHN CERNY</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>FRANK J. TRICKA</b> ADDRESS <b>6410 SOUTHLAND</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heat Exhaustion</b>		DUE TO (b) <b>Diabetes Mel.</b>			<b>3 days</b>
*This does not mean the mode of dying, such as heart failure, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Contributing to the death but not related to the disease or condition causing death. <b>Myocarditis</b>			<b>8 yrs.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>260X F</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E7E10</b>	
22. I hereby certify that I attended the deceased from <b>June 26, 1954</b> to <b>June 28, 1954</b> , that I last saw the deceased alive on <b>June 28, 1954</b> , and that death occurred at <b>10:20 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>W. Salisbury</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>3548 Sidney St</b>		23c. DATE SIGNED <b>6/30/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>JULY 1 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutia</b> ADDRESS <b>2906 Prairie</b>			
DATE REC'D BY LOCAL REG. <b>JUL 1 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		ADDRESS <b>2906 Prairie</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

500 p.m.

Pr 3 66861

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 *Leo J. Budde*  
Licensed Embalmer No. *390*  
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.