

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35758

State File No. ....

318

1003

Registrar's No. .... 8937

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
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 (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>6 yrs.</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home of the Friendless</b>				STREET ADDRESS (If rural, give location) <b>4431 S. Broadway</b> <span style="float: right;">21590</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nellie</b>		b. (Middle) <b>Blanche</b>		c. (Last) <b>Mrazek</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 30, 1954</b>	
5. SEX <b>f</b>		6. COLOR OR RACE <b>w</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>August 27, 1875</b>	
9. AGE (In years last birthday) <b>79</b>		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) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bement, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Captain Madden</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Hopkins</b>		14. NAME OF HUSBAND OR WIFE <b>Lawrence W. Mrazek</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dr. DeLisle L. Mrazek, 6614 Bancroft, 9</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Paralysis Agitans</b> DUE TO (c) <b>Progressive General Paralysis</b>  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Paralysis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>  <b>4 yrs</b>  <b>3 yrs</b>	
19a. DATE OF OPERATION <b>—</b>		19b. MAJOR FINDINGS OF OPERATION <b>no</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>— 350 X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>—</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>—</b>			
22. I hereby certify that I attended the deceased from <b>Dec 1949</b> , to <b>Sept 30, 1954</b> , that I last saw the deceased alive on <b>Sept 29, 1954</b> , and that death occurred at <b>4:10p m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Chas E. Hyslopman MD</b>				23b. ADDRESS <b>3720 Washington</b>		23c. DATE SIGNED <b>Oct 1 '54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>Oct. 2, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 1 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. Hoffmeister Colonial Mortuary, Chippewa</b>			

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

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 *Harry J. Schramacher*.....  
Licensed Embalmer No. *2679*

P. O. Address *7514 S. Burman*.....

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.