

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 14 1955

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1103

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis</u> | |
| c. LENGTH OF STAY (In this place) <u>43 yrs</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>Incarnate Word Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>5417 Idaho Avenue</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MAGDALENA</u> | | b. (Middle) _____ c. (Last) <u>DADEK</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4, 1955</u> | | 5. SEX <u>female</u> | |
| 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | |
| 8. DATE OF BIRTH <u>Oct. 31, 1885</u> | | 9. AGE (In years last birthday) <u>69</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Pilsen, Bohemia</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>John Stecker</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Joseph F. Dadek</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 <u>Joseph F. Dadek, 5417 Idaho Avenue</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u> DUE TO (b) _____ 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 | |
| 20. AUTOPSY? YES <input 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>332x</u> | | 22. I hereby certify that I attended the deceased from <u>9-5</u> <u>1953</u> , to <u>2-4</u> , <u>1955</u> , that I last saw the deceased alive on <u>2-4-55</u> , <u>19</u> , and that death occurred at <u>9:18 P m.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>R. Bachmeyer M.D.</u> | | 23b. ADDRESS <u>4703 Virginia Ave</u> | |
| 23c. DATE SIGNED <u>2/5/55</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | |
| 24b. DATE <u>Feb. 8, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> | | DATE REC'D BY LOCAL REG. <u>FEB 7 1955</u> | |
| REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Heiderwieden F. H. Inc., 1936 St. Louis Ave</u> | |
| ADDRESS | | ADDRESS | |

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

Dr. R. Backmeyer, 4703a Virginia
until 12:30 PM Sat.

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. 34 working under my personal supervision..

Student None
Signature of Student Embalmer

Signed Delis J. Krupin

Licensed Embalmer No. 34

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.