

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31014**
Registrar's No. **7530**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo		c. LENGTH OF STAY (in this place) 3		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION LITTLE FLOWER RETREAT House		3. STREET ADDRESS (If rural, give location) 6626 WINNEBAGO			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) HREBEC c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) AUG. 26 1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 1 1884	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work or nature of work of working life, even if retired) Retired Boot & Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY Missouri		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME MATTHEW HREBEC		13b. MOTHER'S MAIDEN NAME ANNA BOKR	
14. NAME OF HUSBAND OR WIFE LAURA HREBEC		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ?	
17. INFORMANT'S SIGNATURE OR NAME LAURA HREBEC		ADDRESS 6626 WINNEBAGO			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cerebral Apoplexy 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.			INTERVAL BETWEEN ONSET AND DEATH 2 yrs 4 mos
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X			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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 April 1950 to Aug 26 1955 , that I last saw the deceased alive on Aug 26 1955 , and that death occurred at 7 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John S. Mathews M.D.		23b. ADDRESS 3707 Watson Rd		23c. DATE SIGNED 8-27-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 29 1955		24c. NAME OF CEMETERY OR CREMATORY New St. MARCUS	
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Huter 2906 Gravois		ADDRESS	
DATE REC'D BY LOCAL REG. AUG 29 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.			

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. *39*

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.