

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42271**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10794**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital		e. STREET ADDRESS (If rural, give location) 4762 Eichelberger Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) G.		c. (Last) KESTRANEK	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 7 1955		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 28, 1891		9. AGE (In years last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asbestos Worker-Armstrong Cork Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Kestranek		13b. MOTHER'S MAIDEN NAME Johanna Vlcek	
14. NAME OF HUSBAND OR WIFE Dora Kestranek		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 490-09-4974	
17. INFORMANT'S SIGNATURE OR NAME Dora Kestranek		ADDRESS 4762 Eichelberger Ave.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Bronchial Pneumonia			
		INTERVAL BETWEEN ONSET AND DEATH 4 days			
		ANCECEDENT CAUSES DUE TO (b) Acute Tracheo-bronchitis			
		5 days			
		DUE TO (c) Subtotal Gastrectomy			
		6 days			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death, but not related to the disease or condition causing death. Massive Hemorrhage from a duodenal ulcer.			
19a. DATE OF OPERATION 12/1/55		19b. MAJOR FINDINGS OF OPERATION Duodenal Ulcer; Old healed gastric ulcer		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) 541.0	
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?	
22. I hereby certify that I attended the deceased from 11/28/1955 , to 12/7/1955 , that I last saw the deceased alive on 12/7/55 , 19___, and that death occurred at 6:30P.m. , from the causes and on the date stated above.					
23a. SIGNATURE <i>D. Benjamin</i>		(Degree or title) M.D.		23b. ADDRESS 7430 Virginia Avenue	
23c. DATE SIGNED 12/9/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 10, 1955	
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. DEC 9 1955		REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	
		ADDRESS 4228 S. Kingshighway Bl.			

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

S.P

(Licensed Embalmer's Statement on Reverse Side)

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 *Walter C. Schumann*

Licensed Embalmer No. *45*

P. O. Address

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.