

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3189**

FILED JAN 25 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **104**

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jefferson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (in this place) D.O.A.	c. CITY OR TOWN Imperial		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co.			STREET ADDRESS (If rural, give location) R.F.D., Imperial Mo		
3. NAME OF DECEASED (Type or Print) ALBERT			a. (First)	b. (Middle)	c. (Last) MRAZ
4. DATE OF DEATH 1 10 1956		(Month)	(Day)	(Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 18-1902	9. AGE (to years last birthday) 53	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Jefferson Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Frank Mraz		13b. MOTHER'S MAIDEN NAME Mary Zerhnik		14. NAME OF HUSBAND OR WIFE Cornelia Mraz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cornelia Mraz Wife-as above		
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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Immediate
			ANTECEDENT CAUSES DUE TO (b) Cardiovascular disease		??? 4201
			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 4221			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) (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 Dec. 16, 1955 , to Jan. 10, 1956 , that I last saw the deceased alive on Dec. 16, 1955 , and that death occurred at 11:00 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE A. M. Peters			23b. ADDRESS (Degree or title) M.D. 4145 a S. Grand Blvd.		23c. DATE SIGNED 1/13/56
24a. REMOVAL	24b. DATE 1/14/56	24c. NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Co. Mo.	
DATE REC'D BY LOCAL REG. 1-13-56		REGISTRAR'S SIGNATURE Herbert R. Donahue MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leah Fieser Linton MO	

26. (Licensed Embalmer's Statement on Reverse Side)

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

MS
JAN 6
1961

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 *Serald J. Mahu*
Licensed Embalmer No. *497*
P. O. Address *Dis. 107, 9*

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.