

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

11004

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **2911**

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 OR TOWN <b>St Louis</b> )		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2131 A Ann AV</b>		• STREET ADDRESS (If rural, give location) <b>23 2131 A Ann AV</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b>		b. (Middle) <b>X</b>		c. (Last) <b>Kresta</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>March 21 1956</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec 3 1890</b>		9. AGE (In years last birthday) <b>65</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Weisert Tob</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Czechoslovakia</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>Frank Kresta</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Matyu</b>			
14. NAME OF HUSBAND OR WIFE <b>Anna</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME <b>Anna Kresta</b>		ADDRESS <b>2131 A Ann AV</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis &amp; Occlusion with Embolus</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Diabetes Mellitus with General Arteriosclerosis, Ulceration &amp; Gangrene of legs &amp; feet.</b> DUE TO (c) <b>of legs &amp; feet.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b> <b>years' dur</b> <b>10 mos.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 <b>July 5, 1955</b> , to <b>March 21, 1956</b> , that I last saw the deceased alive on <b>March 21, 1956</b> , and that death occurred at <b>8 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. F. Simon, M.D.</b>		23b. ADDRESS <b>1115 Victor St. Fel. Pr. 1-0078</b>		23c. DATE SIGNED <b>3.21.56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/24/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>			
24d. LOCATION (City, town, or county) (State) <b>St Louis County Missouri</b>		DATE REC'D BY LOCAL REG. <b>MAR 21 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carlo Smith M.D.</b>			
25. FUNERAL DIRECTOR'S SIGNATURE <b>Moydell Funeral Home</b>		ADDRESS <b>1926 Allen Av</b>					

(Licensed Embalmer's Statement on Reverse Side)

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 me..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed, George J. Swoboda.....  
Licensed Embalmer No. 481.....

P. O. Address 1926 A.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.