

FILED JUN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16858

State File No.

BIRTH NO.		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5694</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>JEFFERSON</u>				a. STATE <u>MO</u>		b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give RURAL and give name of town) <u>HOUSE SPRINGS</u>		c. LENGTH OF STAY (in this place) <u>entire life</u>		c. CITY OR TOWN <u>HOUSE SPRINGS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>RR# 2</u>				e. STREET ADDRESS (If rural, give location) <u>RR# MERAMEC TOWNSHIP</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>FRANK</u>			b. (Middle) <u>LOUIS</u>			c. (Last) <u>HLUZEK</u>	
(Type or Print)			4. DATE OF DEATH			(Month) (Day) (Year)	
						5-19-1956	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 4-1883</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HOUSE SPRINGS MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS HLUZEK</u>			13b. MOTHER'S MAIDEN NAME <u>MARY LISKI</u>			14. NAME OF HUSBAND OR WIFE <u>AGNES E. KREZEL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Agnes Hluzek House Springs Mo</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the lung</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				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. <u>Generalized Arteriosclerosis</u>			
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)		163x	
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 <u>10-11</u> , 19 <u>55</u> , to <u>5/14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5/7</u> , 19 <u>56</u> , and that death occurred at <u>2:00</u> a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title?) <u>Frank Catanzaro MD</u>				23b. ADDRESS <u>206 N Clay, Kirkwood 22, Mo</u>		23c. DATE SIGNED <u>5/14/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5/15/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST PHILOMENAS CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>HOUSE SPRINGS - MO</u>	
DATE REC'D BY LOCAL REG. <u>5-19-1956</u>		REGISTRAR'S SIGNATURE <u>Ruth J. J...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donner Funeral Home House Springs Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 23 1956

MAY 23 1956

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 *W E Morris*.....

Licensed Embalmer No. *336*

P. O. Address *St. Louis*

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