

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18166**
Registrar's No. **4838**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4838	
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) OR TOWN St Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		d. STREET ADDRESS (If rural, give location) 16 3432 Mc Kean Av	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				d. STREET ADDRESS (If rural, give location) 16 3432 Mc Kean Av			
3. NAME OF DECEASED (Type or Print) a. (First) Charmaine b. (Middle) Ann c. (Last) Krysl			4. DATE OF DEATH (Month) (Day) (Year) May 18 1956				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Aug 22 1949	
9. AGE (In years last birthday) 6		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At School		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Joseph Krysl		13b. MOTHER'S MAIDEN NAME Florence Radosevich		14. NAME OF HUSBAND OR WIFE None	
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 Joseph Krysl			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 15-56		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 15-56				19. INTERVAL BETWEEN ONSET AND DEATH 15-56	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 510.1					
19a. DATE OF OPERATION 5-17-56		19b. MAJOR FINDINGS OF OPERATION Loumlectomy & Adenoidectomy				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) _____			
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 4-26 1956 to 5-18 1956 , that I last saw the deceased alive on 5-18-56 , and that death occurred at 9:20 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE William W. Farley M.D.				23b. ADDRESS 3108 S. Grand		23c. DATE SIGNED 5-18-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/21/56		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem		24d. LOCATION (City, town, or county) (State) St Louis County Mo	
DATE REC'D BY LOCAL REG. MAY 19 1956		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home 1926 Allen Av			

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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

George J. Svoboda Jr.

Licensed Embalmer No. *4899*

P. O. Address *1926 Allen Ave*

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 this body is not embalmed, fact should be so stated above.