

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25131**
6240
Registrar's No.

FILED JUL 20 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. FULL NAME OF HOSPITAL OR INSTITUTION **Lutheran Hospital** d. STREET ADDRESS (If rural, give location) **16 V 3531 Michigan Av** *216 1/2*

3. NAME OF DECEASED a. (First) **Josephine** b. (Middle) _____ c. (Last) **Mateovich** 4. DATE OF DEATH (Month) (Day) (Year) **June 30 1956**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **June 12 1869** 9. AGE (In years last birthday) **87** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired** 10b. KIND OF BUSINESS OR INDUSTRY **Housewife** 11. BIRTHPLACE (City and State or Foreign Country) **St Louis Missouri** 12. CITIZEN OF WHAT COUNTRY? **U S**

13a. FATHER'S NAME **Jan Kara** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Louis (Deceased)**

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 **Florence Freese** ADDRESS **4061 Blaine Av**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cardiac Decompensation**
ANTECEDENT CAUSES **CVR Syndrome**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Vremia**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **442x** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **6/24**, 19**56**, to **6/30**, 19**56**; that I last saw the deceased alive on **6/29/56**, 19**56**, and that death occurred at **2:30** a.m., from the causes and on the date stated above.

23a. SIGNATURE *[Signature]* (Degree or title) _____ 23b. ADDRESS **40755 Grand** 23c. DATE SIGNED **6/30/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7/3/56** 24c. NAME OF CEMETERY OR CREMATORY **S S Peter & Paul Cem** 24d. LOCATION (City, town, or county) (State) **St Louis Missouri**

DATE REC'D BY LOCAL REG. **JUL 3 1956** REGISTRAR'S SIGNATURE *[Signature]* 25. FUNERAL DIRECTOR'S SIGNATURE **Moydell Funeral Home** ADDRESS **1926 Allen Av**

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 18 1954

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.