

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **25190**  
 Registrar's No. **6022**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6022</b>					
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 township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5437 A Lissette Av</b>				d. STREET ADDRESS (If rural, give location) <b>5437 A Lissette Av</b>							
3. NAME OF DECEASED (Type or Print) <b>Barbara</b>			a. (First)		b. (Middle) <b>Pesout</b>		c. (Last)				
4. DATE OF DEATH <b>June 25 1956</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>April 8 1873</b>			
9. AGE (In years last birthday) <b>83</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Czechoslovakia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>Joseph Mazanec</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Pluhar</b>			14. NAME OF HUSBAND OR WIFE <b>Anton Deceased</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>NONE</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Anton Pesout</b>			ADDRESS <b>4058 Utah Street</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>Acute cardiac dilatation</b> <b>Chr. Myocarditis</b> ANTECEDENT CAUSES <b>Ch. Myocarditis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ch. Myocarditis</b> <b>Auricular fibrillation</b> DUE TO (c) <b>Auricular fibrillation</b> II. OTHER SIGNIFICANT CONDITIONS <b>Cerebral hemorrhage</b> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>3 yrs.</b> <b>2 yrs.</b> <b>2 yrs.</b>			
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>422.2</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>2-14-52 6-25-56</b>							
22. I hereby certify that I attended the deceased from <b>4th of 1952</b> to <b>June 25, 1956</b> , that I last saw the deceased alive on <b>June 23, 1956</b> , and that death occurred at <b>11 A. m.</b> from the causes and on the date stated above <b>6-25-56</b>											
23a. SIGNATURE <b>Jno C. Dpubeck</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>2767 Gravois</b>				23c. DATE SIGNED <b>6-25-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/28/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Picker Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>					
DATE REC'D BY LOCAL REG. <b>JUN 26 1956</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Moydell Funeral Home</b>				ADDRESS <b>1926 Allen Av</b>	

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

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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 .....  
Student Embalmer

Signed *George 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.