

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31180

State File No. ....

FILED OCT 4 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 74

1. PLACE OF DEATH

a. COUNTY JEFFERSON  
b. CITY (If outside corporate limits, write RURAL and give township) ROCK TOWNSHIP  
c. LENGTH OF STAY (In this place) 1 DAY  
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ROMINE CREEK ROAD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Mo b. COUNTY JEFFERSON  
c. CITY OR TOWN HOUSE SPRINGS  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) RR# 2

3. NAME OF DECEASED

a. (First) LUDWIG b. (Middle) JOSEPH c. (Last) HLUZEK

4. DATE OF DEATH (Month) (Day) (Year) SEPT - 30 - 1956

5. SEX

MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH

MARCH 17 - 1900

9. AGE (In years last birthday) 56 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) GRADER OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY ROAD BUILDING

11. BIRTHPLACE (City and State or Foreign Country) HOUSE SPRINGS - Mo.

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME

JOSEPH HLUZEK

13b. MOTHER'S MAIDEN NAME

MARY CHOTT

14. NAME OF HUSBAND OR WIFE

THERESA HLUZEK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO

16. SOCIAL SECURITY NO. 493-36-0033

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theresa Hluzek House Springs Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Internal Injuries  
ANTECEDENT CAUSES DUE TO (b) Caused by wheels  
DUE TO (c) of road grades running over  
II. OTHER SIGNIFICANT CONDITIONS cleared  
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

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? 050

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE

Arthur B. Jewell Crowe

23b. ADDRESS (Degree or title)

303 W. Main - Festus, MO 23c. DATE SIGNED 9-23-56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 9-24-1956

24c. NAME OF CEMETERY OR CREMATORY ST. PHILOMENAS - CEM

24d. LOCATION (City, town, or county) (State) HOUSE SPRINGS - MO

DATE REC'D BY LOCAL REG. Sept 22 - 56

REGISTRAR'S SIGNATURE Arthur J. Isaac

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BRIMMER FUNERAL HOME HOUSE SPRINGS MO

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

3

438

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 26 1958

NOT

6 100  
1958

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

Student.....  
Signature of Student Embalmer

Signed *Elmer Heiligtag*

Licensed Embalmer No. *3571*

P. O. Address *Imperial*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.