

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32566**

FILED SEP 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2131**

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>Kirkwood, 4683</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>503 Bryan Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANTHONY</b> b. (Middle) <b>J.</b> c. (Last) <b>KLOUZEK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 9 1956</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Aug. 3, 1890</b>		9. AGE (In years last birthday) <b>66</b>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work for which most of working life was spent) <b>Policeman Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Police Dept.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>					

13a. FATHER'S NAME <b>August Klouzek</b>		13b. MOTHER'S MAIDEN NAME <b>Arma Rudy</b>		14. NAME OF HUSBAND OR WIFE <b>Amelia Klouzek</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Amelia Klouzek-503 Bryan Ave.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Infarcts - Bronchial pneumonia -</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1.2 hrs. 4 days.</b>	
		ANTECEDENT CAUSES Morbidity 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 <b>Parkinsonism</b> Conditions contributing to the death but not related to the disease or condition causing death.				<b>20 yrs.</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Subcapital FX - Lt. Femur - Ford Thompson prosthesis -</b>				20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <input 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)		<b>491X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 **Sept. 3, 1956**, to **Sept. 9, 1956**, that I last saw the deceased alive on **Sept. 9, 1956**, and that death occurred at **6:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Jack L. Hazard MD.</b> (Degree or title)		23b. ADDRESS <b>601 S. Brentwood, Clayton, Mo.</b>		23c. DATE SIGNED <b>9/10/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-12-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>9-10-56</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dombrowski</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser-4228 S. Kingshighway Bl.</b>	
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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.....  
Signature of Student Embalmer

Signed *Richard W. Alavesan*.....

Licensed Embalmer No. 4007

P. O. Address.....

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.