

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2766

FILED FEB 4 1957

Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER **747**

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, give TOWNSHIP only) OR TOWN St. Louis, Missouri				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 2821 Miami Street				Length of stay in lb Years 22 2/10		d. STREET ADDRESS (If outside, give location) 2821 Miami Street				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Ernest Middle J. Last Halamicek						4. DATE OF DEATH Month January Day 22 Year 1957								
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 3, 1874.		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days 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 ?		11. BIRTHPLACE (City and state or country) Czechoslovakia				12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Henry Halamicek						14. MOTHER'S MAIDEN NAME Mary Benda								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Mr Ernest Halamicek, 2821 Miami Street								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral apoplexy acute Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arterio sclerosis chronic DUE TO (c) 334x										INTERVAL BETWEEN ONSET AND DEATH 4 days. 2 yrs.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Adenoma bladder.										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)											
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)									20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 9/22/53 to 1/22/57 and last saw ^{her} him alive on 1/22/57 Death occurred at 4:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title) Eugene Wood M.D.						22b. ADDRESS 3325 S 6 land.			22c. DATE SIGNED 1/23/57					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)						
Burial		1-24-1957		New Pickers Cemetery				St. Louis, Missouri						
24. FUNERAL DIRECTOR ADDRESS Math. Hermann & Son Inc. 2161 E. Fair						25. DATE RECD. BY LOCAL REG. JAN 24 '57		26. REGISTRAR'S SIGNATURE J. Earl Smith MD mjs						

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Clement McNeil*

Licensed Embalmer No. 30

P. O. Address..... *H. L. Co.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.