

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6720

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1110**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN E. St. Louis	
c. LENGTH OF STAY (In this place) 5 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 09 DePaul Hospital		STREET ADDRESS (If rural, give location) 32 1310 Winstanley Ave. 81208	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) VRZAL (aka, VERZAL)	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1957	
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 5, 1882
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Armour & Co	11. BIRTHPLACE (City and State or Foreign Country) 6 Jugoslavia
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Sylvester Vrzal	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Josephine Vrzal	
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. 327033390A	
17. INFORMANT'S SIGNATURE OR NAME Aldon Vrzal		ADDRESS E. St. Louis, Ill	
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) uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Atherosclerosis arterosclerotic heart disease DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4-200	
20. AUTOPSY? / YES <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 1/29/1956 , to 2/2, 1957 , that I last saw the deceased alive on 2/3, 1957 , and that death occurred at 10:15 m., from the causes and on the date stated above.			
23a. SIGNATURE Robert Potashnick M.D.		23b. ADDRESS 3720 Washington	
23c. DATE SIGNED 2/3/57		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 2-2-1957		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope - 1	
24d. LOCATION (City, town, or county) (State) Belleville, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE Seale & Bros. E. St. Louis Ill.	
DATE REC'D BY LOCAL REG. FEB 4 '57		REGISTRAR'S SIGNATURE Carl Smith M.D. Anthony G. Sedlak (Licensed Embalmer's Statement on Reverse Side)	

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

Student.....
Signature of Student Embalmer

Signed Ben H. Baldwin.....

Licensed Embalmer No. 242.....

P. O. Address East St Louis.....

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.