

FILED MAR 18 1957

THE DIVISION OF VITAL RECORDS
STANDARD CERTIFICATE OF DEATH

State File No. 11572
Registrar's No. 524

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590

1. PLACE OF DEATH a. COUNTY St Louis 4001		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Welston		c. CITY OR TOWN Welston 43010	
c. LENGTH OF STAY (in this place) 5 Yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1550 Valle Ave			
e. STREET ADDRESS (If rural, give location) 1550 Valle Ave			

3. NAME OF DECEASED (Type or Print) a. (First) Anthony	b. (Middle)	c. (Last) Ahel	4. DATE OF DEATH (Month) (Day) (Year) Feb 25 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 14 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Stone Mason	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and State or Foreign Country) Jugoslavia	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME Anthony Ahel	13b. MOTHER'S MAIDEN NAME Marica Segulja	14. NAME OF HUSBAND OR WIFE Rozalia
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE AND ADDRESS Rozalia Ahel 1550 Valle Ace
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Cardio-Vascular-Renal Syndrome About 5 yrs		
11. 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 442X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **2-2, 1956**, to **2-25, 1957**, that I last saw the deceased alive on **2-23, 1957**, and that death occurred at **9 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Jameson Fisher (Degree or title) D.O.	23b. ADDRESS 6201 Lotus Ave	23c. DATE SIGNED 2-26-57
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24a. BURIAL CREMATION REMOVAL OF BODY Reburial	24b. DATE 2/28/57	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St Louis Missouri
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DATE REC'D BY LOCAL REG. 2/26/57	REGISTRAR'S SIGNATURE Herbert A. Domb...	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Moydell Funeral Home 1926 Allen Av
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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 *George J. Svoboda Jr.*
Licensed Embalmer No. *4899*
P. O. Address *226 Allen*

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.