

All symptoms will be listed. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 26 1957

15388

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003

Registrar's 3479

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		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 Alexian Bro. Hosp.		Length of stay in lb 15 dys 2	d. STREET ADDRESS 1919 So. Grand Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle C. Last Triska			4. DATE OF DEATH Month Day Year Apr. 9 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 27, 1881	9. AGE (In years last birthday) 75	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 Accountant		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Triska			14. MOTHER'S MAIDEN NAME Katherine Hospodsky		
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. 497-03-5960A		17. INFORMANT Address Katherine Nutz, Arnold, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fractured Pneumonia</i> <i>Leads Pneumonia</i> DUE TO (b) <i>Arteriosclerosis 490XF</i> DUE TO (c) <i>Arteriosclerosis 490XF</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <i>Fall as his house was under construction</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>10 days</i>
20a. ACCIDENT <input checked="" 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) <i>fall from roof</i>			
20c. TIME OF INJURY Hour Month, Day, Year g. m. p. m. 3-24-57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i>			
20e. CITY, TOWN, OR LOCATION St. Louis, Mo.		20f. COUNTY STATE			
21. I attended the deceased from <i>March 4</i> to <i>Apr 9/57</i> and last saw her alive on <i>4/9/57</i> Death occurred at <i>10:05 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Thomas J. Kasper M.D.</i>			22b. ADDRESS <i>506 Olive St.</i>		22c. DATE SIGNED <i>4-11-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Apr. 12, 1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Masoleum		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR Hofmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. APR 11 '57		26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	

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 *Lucas C. Hoffmann* .....

Licensed Embalmer No. 3877

P. O. Address 7814 S. ...

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.