THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 25 1957

27030 STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1516

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AFFTON — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Miller Nursing Hm — Length of stay in 1b 3 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri — b. COUNTY St. Louis
c. CITY OR TOWN St. Louis, — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4804 Eichelberger — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First THOMAS Middle Last HOREJS

4. DATE OF DEATH Month June Day 13 Year 1957

5. SEX Male — 6. COLOR OR RACE White — 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ — 8. DATE OF BIRTH Dec. 21, 1870 — 9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hod Carrier — 10b. KIND OF BUSINESS OR INDUSTRY Retired — 11. BIRTHPLACE (City and state or country) Europe — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown — 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No — 16. SOCIAL SECURITY NO. 495-34-4007a — 17. INFORMANT Address Chas. S. Horejs, 4804 Eichelberger

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis, Chronic — INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, generalized — 6 months
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 4221

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month; Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. 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 April 2, 1957 to June 13, 1957 and last saw him alive on June 11, 1957
Death occurred at 3:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. R. Wilmeth MD — 22b. ADDRESS 8916 Denwin — 22c. DATE SIGNED 6-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE 6/15/57 — 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem — 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Fendler Und. Co, 7420 Michigan Ave — 25. DATE RECD. BY LOCAL REG. 6-14-57 — 26. REGISTRAR'S SIGNATURE Herbert R. Denkhaus

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Dr. Wilucki

8916 Gravois
9tell A.M. Fri.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... **Signed.....**
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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