

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37905**

FILED OCT 21 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9228**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 17<sup>th</sup></b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>22 ST. ANTHONY HOSPITAL 2161<sup>st</sup> 03664<sup>th</sup> GRAVOIS</b>		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b> b. (Middle) <b>MRAZEK</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 1 1957</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>APRIL 30 1889 68</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RESIDENT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MRAZEK MOVING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U-S-A</b>		13a. FATHER'S NAME <b>FRANK PERK</b>	
13b. MOTHER'S MAIDEN NAME <b>THERESA ULRICH</b>		14. NAME OF HUSBAND OR WIFE <b>JOSEPH MRAZEK (DEC'D)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-18-6780</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>JOS. A. MRAZEK</b>		ADDRESS <b>20 UPPER LADUE RD</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute cardiac dilatation</b>  ANTECEDENT CAUSES DUE TO (b) <b>Chronic myocarditis</b> <b>left ventricular hypertrophy</b> DUE TO (c) <b>Diabetes Mellitus</b>  II. OTHER SIGNIFICANT CONDITIONS <b>Cholecystitis</b> <b>Fibroid Uteri</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION  <b>260x</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NO</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		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 <b>April 5 1940</b> , to <b>Oct. 1 1957</b> , that I last saw the deceased alive on <b>Sept 28, 1957</b> , and that death occurred at <b>4:14 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. Carl Smith M.D.</b>		23b. ADDRESS <b>7767 Gravois Rd St. Louis 8<sup>th</sup> Mo</b>	
23c. DATE SIGNED <b>Oct. 2 57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT. 4 1957</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>S-S. PETER &amp; PAUL</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, Mo</b>	
DATE REC'D BY LOCAL REG. <b>OCT 3 57</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutis 2906 Gravois</b>	
REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		ADDRESS	

✓  
2767  
Blawie  
Pr 6-0310  
1-532 Ave  
Cand Wood

**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 *Leo J. Budd*.....

Licensed Embalmer No. *398*

P. O. Address *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.