

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

46028  
STATE FILE NUMBER  
12173

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

5. 300  
1-57

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		c. CITY OR TOWN ST LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3002 CALIFORNIA		d. STREET ADDRESS (If outside, give location) 24 3002 CALIFORNIA	

3. NAME OF DECEASED (Type or print) First MARY Middle C Last KREJCI			4. DATE OF DEATH Month DEC Day 16 Year 1957		
---------------------------------------------------------------------------	--	--	------------------------------------------------	--	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 4 1871	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) HOUSE WORK	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) BOHEMIA	12. CITIZEN OF WHAT COUNTRY? U-S-A
-----------------------------------------------------------------------------------------------------------	----------------------------------------------	-------------------------------------------------------	---------------------------------------

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE FRANK KREJCI (DECD)
-------------------------------	--------------------------------------	----------------------------------------------------

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. NONE	17. INFORMANT MARY KREJCI 3002 CALIFORNIA
--------------------------------------------------------------------------------------------------------------------	---------------------------------	----------------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 422.2		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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 of item 18.)
-----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	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 10-15-57 to 12-15-57 and last saw her alive on 12-15-57 Death occurred at 12-15-57 5:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE John D. Sertl (Degree or title) John D. Sertl M.D.	22b. ADDRESS 3739 Gravois 3739 Gravois	22c. DATE SIGNED 12-28-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC 19-1957	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM	23d. LOCATION (City, town, or county) (State) ST. LOUIS MO
-----------------------------------------------------	--------------------------	--------------------------------------------------------	---------------------------------------------------------------

24. FUNERAL DIRECTOR Thomas Kute 2906 Gravois	25. DATE RECD. BY LOCAL REG. DEC 18 57	26. REGISTRAR'S SIGNATURE Carl Smith MD m 86
--------------------------------------------------	-------------------------------------------	----------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

MISSOURY BOARD OF

### 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. Budde* .....

Licensed Embalmer No. *3989* .....  
P. O. Address *St. Louis* .....  
Missouri, U. S. A.

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.