

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007419

STATE FILE NUMBER
2435

FILED MAR 7 - 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2435

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO 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 40 MISS PAUL HOSP ASS.		Length of stay in lb 7 yrs	STREET ADDRESS 2218 87 Willmore.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Anna ANNA JURACEK Yuracek.			4. DATE OF DEATH Month Day Year 2 26 58		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-7-1897		9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife and		10b. KIND OF BUSINESS OR INDUSTRY Packing House		11. BIRTHPLACE (City and state or country) Czecho-Slovakia	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME retired Packer Stephen Skovjisa		13b. MOTHER'S MAIDEN NAME Katherine Paziski		14. NAME OF HUSBAND OR WIFE Louis Juracek	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, & unknown) (If yes, give start & dates of service) no		16. SOCIAL SECURITY NO. 327-03-496		17. INFORMANT Address Louis Juracek, 87 Willmore Road, St. Louis	
18. CAUSE OF DEATH (Enter only one cause per kind for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Hypertensive cerebral disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours years
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.) 331x		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 2-26-58 to 2-26-58 and last saw her alive on 2-26-58 Death occurred at 330 P m on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) R. B. Harrison M.D.		
22b. ADDRESS 1755 So. GRAND			22c. DATE SIGNED 2-27-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Mar. 1, 1958		23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery	
23d. LOCATION (City, town, or county) St. Louis County, Missouri		23e. DATE RECD. BY LOCAL REG. FEB 28 '58		23f. REGISTRAR'S SIGNATURE J. Carl Smith M.D. m. g. B	
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave			25. REGISTRAR'S SIGNATURE		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: must use only statement on reverse side. All diseases in Part I must be causally related.

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 _____

Licensed Embalmer No. 452

P. O. Address R. L. Linn

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.