

Health, Welfare
Public
Service

STANDARD CERTIFICATE OF DEATH

58-011890
STATE FILE NUMBER
3243

FILED MAR 27 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 3243

300
-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS MO</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>01 3649-SHCNANDOAH</i>		Length of stay in lb	d. STREET ADDRESS <i>217 3649-SHCNANDOAH</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>VACLAV WENCESLAUS WENZEL KRATOCHVIL</i>			4. DATE OF DEATH Month Day Year <i>MAR. 17 1958</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>APRIL 3 1885</i>	9. AGE (In years last birthday) <i>72</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CABINET MAKER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>LOUGHMAN FIXTURE</i>	11. BIRTHPLACE (City and state or country) <i>AUSTRIA 4</i>		12. CITIZEN OF WHAT COUNTRY? <i>U-S-A</i>
13a. FATHER'S NAME <i>UNKNOWN</i>		13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>		14. NAME OF HUSBAND OR WIFE <i>AURELIA KRATOCHVIL</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <i>488-10-0922</i>		17. INFORMANT Address <i>AURELIA COWELL 3649-SHCNANDOAH</i>	
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>Hypostatic Pneumonia</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
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) <i>Carcinoma of Sigmoid Colon</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 <i>July 1, 1957</i> to <i>March 17, 1958</i> and last saw ^{her} _{him} alive on <i>March 16, 1958</i> Death occurred at <i>12:35 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 F. Summers, M.D.</i>			22b. ADDRESS <i>2264 S. Compton St. St. Louis</i>		22c. DATE SIGNED <i>3-18-58.</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>MAR. 20 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>S.S. PETER & PAUL</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS MO</i>
24. FUNERAL DIRECTOR <i>Thomas Kute 2906 Gravia</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 19 '58</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, MD</i> <i>m JB.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

7e1-7244

22645 Compton
2 till P.M. Tuesday

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. Ruddle*
Licensed Embalmer No. *398*
P. O. Address: *.....*

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.