

FILED MAR 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012058

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2458**

300
-57
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri , b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN RICHMOND HEIGHTS Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 27 8513 EVERETT
3. NAME OF DECEASED (Type or print) First Middle Last LILLIAN E. MRAZEK		4. DATE OF DEATH Month Day Year FEB. 26 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 22 1912
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and state or country) Missouri 0
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY AT Home	12. CITIZEN OF WHAT COUNTRY? U-S-A.
13a. FATHER'S NAME EMIL ZOLLER		13b. MOTHER'S MAIDEN NAME LILLIAN WUEBBLING	14. NAME OF HUSBAND OR WIFE LAWRENCE MRAZEK
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Address RICHMOND HEIGHTS, Mo LAWRENCE MRAZEK
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of cervix uteri			INTERVAL BETWEEN ONSET AND DEATH 6 YRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 171X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 11-5-48 to 2-26-58 and last saw her ^{her} _{him} alive on 2-26-58 Death occurred at 10:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John L Horner (Degree or title) MD 0		22b. ADDRESS 114 N. Taylor, St Louis 8 Mo	22c. DATE SIGNED 2-28-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MAR. 1 1958	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) ST. LOUIS Mo
24. FUNERAL DIRECTOR Thomas Kute 2906 Gravois		25. DATE RECD. BY LOCAL REG. FEB 28 '58	26. REGISTRAR'S SIGNATURE Earl Smith Mo m & B

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature. All diseases in Part I must be causally related.

Dayton & Linwell

114 N. Baylors

Je 3-8600

8:30 to 1 P.M. Fri.

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 *Boof Budd*

Licensed Embalmer No. *3989*

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.