

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023990

STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1613

1. PLACE OF DEATH a. COUNTY <b>ST. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLAYTON 6</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>SUNSET HILLS 0</b> 4000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. Louis Co. Hosp.</b>		Length of stay in 1b <b>1WK</b>	d. STREET ADDRESS (If outside, give location) <b>10,213 RICHVIEW DR</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Vincent</b> Middle Last <b>Ujka</b>			4. DATE OF DEATH Month <b>6</b> Day <b>12</b> Year <b>58</b>			
5. SEX <b>MALE 0</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 30, 1877</b>		9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COMMERCIAL ARTIST</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SELF-EMP.</b>	11. BIRTHPLACE (City and state or country) <b>ST. Louis Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>VINCENT UJKA</b>	13b. MOTHER'S MAIDEN NAME <b>MARIE ZIKES</b>	14. NAME OF HUSBAND OR WIFE <b>LEOLA UJKA</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, for unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>WM KENNER - SUNSET HILLS, Mo.</b> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Brain pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) <b>491X</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic Heart Disease</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <b>1</b>

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.)
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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
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21. I attended the deceased from <b>6-6-58</b> to <b>6-12-58</b> and last saw her alive on <b>6-12-58</b> Death occurred at <b>10:15</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Gene H. Page, M.D.</b> (Degree or title)	22b. ADDRESS <b>601 So. Brentwood</b>	22c. DATE SIGNED <b>6/13/58</b>
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23a. MORTAL CREMATION, REMOVAL (Specify) <b>CREMATION</b>	23b. DATE <b>6-16-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>VALHALLA CREM.</b>	23d. LOCATION (City, town, or country) (State) <b>ST. Louis County Mo.</b>
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24. FUNERAL DIRECTOR <b>PFITZINGER MORT. KIRKWOOD Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>6-16-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Donike, M.D.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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-57  
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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 *Ben E Hoffman* .....

Licensed Embalmer No. *4266* .....

P. O. Address *Albany, Co.* .....

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.