

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030596

STATE FILE NUMBER

8275

318

1003

FILED SEP 8 1958 Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

|  |                           |   |   |  |   |
|--|---------------------------|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri COUNTY   |   |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis   |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | c. CITY OR TOWN St. Louis                                    |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION D.O.A. City Hosp.   |                           | Length of stay in 15 <sup>20</sup> 99   |   | d. STREET ADDRESS 4429a Strodtman Pl                         |   |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Frank Frederick Jureka   |                           |   | 4. DATE OF DEATH<br>Month Day Year<br>Aug. 24. 1958 |  |   |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>   | 8. DATE OF BIRTH<br>Dec. 10. 1896                   | 9. AGE (In years last birthday)<br>61                        | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Tester Electric Motors  |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Emerson  |   | 11. BIRTHPLACE (City and state or country)<br>St. Louis, Mo. |   |
| 12. CITIZEN OF WHAT COUNTRY?<br>USA  |                           | 13a. FATHER'S NAME<br>Frank Jureka  |   | 13b. MOTHER'S MAIDEN NAME<br>Elizabeth Meinhart              |   |
| 14. NAME OF HUSBAND OR WIFE<br>Delia Jureka  |                           | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>None   |   | 16. SOCIAL SECURITY NO.<br>493-07-6052                       |   |
| 17. INFORMANT<br>Address<br>Delia Jureka 4429 Strodtman Pl   |                           | 18. CAUSE OF DEATH (Enter only one cause per line by (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i><br>DUE TO (b) <i>Coronary Sclerosis</i><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>420.1 |   |  |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>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 _____ and last saw her alive on _____<br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |                           |   |   |  |   |
| 22a. SIGNATURE<br><i>Patrick Taylor Carow</i>  |                           | 22b. ADDRESS<br>1300 Clark  |   | 22c. DATE SIGNED<br>8.26.58                                  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |                           | 23b. DATE<br>8/28/58  |   | 23c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cem            |   |
| 23d. LOCATION (City, town, or county)<br>St. Louis, Mo.  |                           | (State)   |   |  |   |
| 24. FUNERAL DIRECTOR<br>Stock Mortuary   |                           | ADDRESS<br>2117 E. Grand Blv.   |   | 25. DATE RECD. BY LOCAL REG.<br>AUG 26 58                    |   |
| 26. REGISTRAR'S SIGNATURE<br><i>J. Carl Smith, MD</i>  |                           |   |   |  |   |

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Paul A. Wachtel* .....

Licensed Embalmer No. *24287* .....

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.