

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034910
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2574

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| 1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST LOUIS</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u> | | c. CITY OR TOWN <u>LEMAY 4860</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY HOSP. 4 DAYS</u> | | d. STREET ADDRESS (If outside, give location) <u>905 ZEISS AVE</u> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Lottie Hradsky</u> | | | 4. DATE OF DEATH Month Day Year <u>10 7 58</u> | | |
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| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>SEPT. 26, 1900</u> | 9. AGE (In years last birthday) <u>58</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCRYVER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE FACTORY</u> | 11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>FRED SMITH</u> | 13b. MOTHER'S MAIDEN NAME <u>CATHERINE O'DELL</u> | 14. NAME OF HUSBAND OR WIFE <u>WILLIAM</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>UNK.</u> | 17. INFORMANT <u>WILLIAM HRADSKY</u> | Address <u>905 ZEISS AV.</u> |
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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) <u>Acute Myocardial Infarction</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Arteriosclerotic Heart Disease</u> | |
| | DUE TO (c) <u>4200</u> | |
| 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 type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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. | |

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| 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 |
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21. I attended the deceased from 10-3-58 to 10-7-58 and last saw ^{her} _{him} alive on 10-7-58
Death occurred at 1:30 ^A _P m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>Gene M. Page M.D.</u> | 22b. ADDRESS <u>601 So. Brentwood</u> | 22c. DATE SIGNED |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>10/11/58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u> | 23d. LOCATION (City, town, or county) (State) <u>ST LOUIS CO. MO.</u> |
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| 24. FUNERAL DIRECTOR <u>MOYDELL FUNERAL Home</u> | ADDRESS <u>1926 Allen</u> | 25. DATE RECD. BY LOCAL REG. <u>10/7/58</u> | 26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.
All diseases in Part I must be causally related. No symptoms will be listed.

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 *George J. Probst*
Licensed Embalmer No. *4899*
P. O. Address *1926 Allen*

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.