

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038446

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 262P

1. PLACE OF DEATH
a. COUNTY St. Louis County

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Richmond Hts Inside Limits Yes No

c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital Length of stay in lb 2 yrs. d. STREET ADDRESS (If outside, give location) 4219 North Florissant Reside on Farm Yes No

3. NAME OF DECEASED First Fannie Middle _____ Last Hrbek

4. DATE OF DEATH Month October Day 12 Year 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED 2 DIVORCED 8. DATE OF BIRTH Dec. 17, 1958 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) Cista, Czechoslovakia 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Joseph Hotek 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Albert Hrbek

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Mrs. Michael Turek 4219 N. Florissant Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH 2 yrs
5 yrs

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 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 WORK NOT WHILE AT WORK 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 May 1958 to Oct 12, 1958 and last saw her/him alive on Oct 10, 1958
Death occurred at 10:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James C Redington M.D. 22b. ADDRESS 950 Francis Plow Clayton 5 mo 22c. DATE SIGNED 10-13-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal by rail Oct. 13, 1958 23b. DATE _____ 23c. NAME OF CEMETERY OR CREMATORY Larned Cemetery 23d. LOCATION (City, town, or county) (State) Larned, Kansas

24. FUNERAL DIRECTOR Beiderwieden F.H.Inc. 1936 St. Louis Ave. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 10-13-58 26. REGISTRAR'S SIGNATURE Herbert P. Donke M.D.

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 _____

Licensed Embalmer No. 11526
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.