

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041735

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 318

Primary Registration District No. 1003

Registrar 11027

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>City Hospital</u>			Length of stay in 1b <u>2 1/2</u>		d. STREET ADDRESS (If outside, give location) <u>3811 Indiana Ave.</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Theresa</u> Middle <u>Jed</u> Last <u>Jedlotschnig</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>15</u> Year <u>1958</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept 19, 1881</u>		9. AGE (In years last birthday) <u>77</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Yugoslavia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>Stephen Plavinsok</u>				14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>					
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>491-34-4784</u>		17. INFORMANT Address <u>Julia Plavinsok 1428 Penrose Ave.</u>					
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>Internal Hemorrhage</u> <u>Fracture of the Skull</u> Subdural Hemorrhage of the Brain Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Fracture of the Skull</u> DUE TO (c) <u>Subdural Hemorrhage of the Brain</u>								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b). <u>suffered when struck with club operated by one Herman Jefferson Ave. about 5:46 pm.</u>								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <u>Struck in front of about 3746 South Jefferson Ave. about 5:46 pm.</u>							
20c. TIME OF INJURY <u>5:57 p.m.</u>		Hour <u>11</u> Month <u>14</u> Year <u>58</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office bldg., etc.) <u>24 Street</u>		20f. CITY, TOWN, OR LOCATION <u>St Louis Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>3:55 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Steph M. Truman</u>				22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>11/17/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 18, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>S.S. Peter & Paul Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>ST. Louis Mo</u>			
24. FUNERAL DIRECTOR <u>Witt Bros. & U.C.</u>				ADDRESS <u>2929 S. Jefferson</u>		25. DATE RECD. BY LOCAL REG. <u>NOV 17 '58</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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.....
Harold C. Witt

Licensed Embalmer No. 43

P. O. Address 2127 S. 8

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.