

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-046181  
 State File No. 12732  
 Registrar's No.

FILED JAN 12 1959

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>01 3327 SUBLETTE 214</b>			d. STREET ADDRESS (If rural, give location) <b>3327 SUBLETTE</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>AGNES</b>		b. (Middle) <b>RADINA</b>		c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 30 1958</b>		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW 2</b>		8. DATE OF BIRTH <b>DEC. 15 1880</b>		9. AGE (In years last birthday) <b>78</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Bohemia</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOSEPH DEDERA</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Helen Radina</b>		ADDRESS <b>3327 Sublette</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH _____		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) <b>Arteriosclerotic Heart Disease 8 yrs</b>		DUE TO (c) <b>General Arteriosclerosis</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		III. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>May 1946</b> , to <b>Dec. 30, 1958</b> , that I last saw the deceased alive on <b>12-30, 1958</b> , and that death occurred <b>at 3:30 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Frank A. Bailey</b>		(Degree or title) _____		23b. ADDRESS <b>3108 South Grand</b>	
23c. DATE SIGNED <b>12-31-58</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>JAN. 2 1959</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kates</b>	
DATE REC'D BY LOCAL REG. <b>JAN 2 '59</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>		ADDRESS <b>2906 Gravois</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed

*Eleanor Poince*

Licensed Embalmer No.

*3403*

P. O. Address

*Jennings Mo*

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 this body is not embalmed, fact should be so stated above.