Health, Welfare Public Service

300
1-56
01
3A

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-003113

FILED FEB 11 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 137

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo. — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Alex.Bros.Hosp. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: ST Louis
c. CITY OR TOWN: Affton 4865 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 929 Union Rd. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Joseph — Middle J. — Last Janechek
4. DATE OF DEATH: Month Jan. Day 5 Year 1959
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Mar.17,1882
9. AGE (In years last birthday): 76 — 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): Ret.Shoe Workers
10b. KIND OF BUSINESS OR INDUSTRY: abt 4 yrs.
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jacob Janechek
14. MOTHER'S MAIDEN NAME: Unk.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 493-05-7569
17. INFORMANT: Wm. Janechek — Address: 929 Union Rd. Affton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (b) Arteriosclerotic CVR Disease — 10 yrs
DUE TO (c) 442.8 F
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Fractured Right Femur
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): Fell in bathroom at hospital
20c. TIME OF INJURY: Hour a. m. p. m. ? — Month, Day, Year 12-24-58
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.): Hospital
20f. CITY, TOWN, OR LOCATION: St. Louis, Mo. — COUNTY — STATE

21. I attended the deceased from 12-5-58, to 1-5-59 and last saw him alive on 1-5-59
Death occurred at 750 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): Charles A Hester MD
22b. ADDRESS: 5600 S Compton
22c. DATE SIGNED: 1-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 1-8-59
23c. NAME OF CEMETERY OR CREMATORY: New Picker Cem.
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: Southern Funeral Home — ADDRESS: 6322 S. Grand, St. Louis, Mo.
25. DATE RECD. BY LOCAL REG.: JAN 6 '59
26. REGISTRAR'S SIGNATURE: Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Dr Foster
12 to 4 P.M

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David Van Fossen

Licensed Embalmer No. 42

P. O. Address St. Louis

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.