

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004198

FILED VS. FEB 11 1960

Primary Registration District No. _____ Registrar's No. **2 1255**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Sangamon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL St. Louis-Little Rock Hosp., Inc.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 112 North State St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Louis - (Vojtek)Vojtek			4. DATE OF DEATH Month February Day 2 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-23-1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Penstr. Machinist		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Koenigsburg, Germany	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Fred (Vojtek) Vojtek		13b. MOTHER'S MAIDEN NAME Mary (Unknown)		14. NAME OF HUSBAND OR WIFE Ada	
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. unknown		17. INFORMANT Ada (Vojtek) Vojtek Address 112 N State Springfield, Ill	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARDIAC Failure with pleural efusion	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	Hypertensive cardiovascular disease	
DUE TO (b)		
DUE TO (c)	443x	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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

21. I attended the deceased from **Jan. 26, 1960** to **Feb. 2, 1960** and last saw ^{SEX} him live on **2-2-1960**
Death occurred at **12:45 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Paul Boyd M.D.</i>	(Degree or title)	22b. ADDRESS 1755 S. Grand Blvd.	22c. DATE SIGNED 2-2-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-4-60	23c. NAME OF CEMETERY OR CREMATORY Loomis Cemetery	23d. LOCATION (City, town, or county) (State) Chesterfield Illinois
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24. FUNERAL DIRECTOR Bisch Funeral Home, Springfield, Ill.	25. DATE RECD. BY LOCAL REG. FEB 3 1960	26. REGISTRAR'S SIGNATURE <i>Paul Boyd M.D.</i>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3744

P. O. Address St. Louis

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