URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9974 STATE FILE NUMBER 60-040241

NDED

DOCUMENT Baptismal certificate

BY AFFIDAVIT OF informant

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St Louis
c. CITY OR TOWN: ~~St Louis~~ — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 6852 Bonnie Ave — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Anastasia Middle: Stella Last: Sindelar
4. DATE OF DEATH: Month: Oct Day: 13 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/8/02
9. AGE (last birthday): 58
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: 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: Housework
11. BIRTHPLACE (City and state or country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY:
13a. FATHER'S NAME: Anton Smetana
13b. MOTHER'S MAIDEN NAME: Mary Brosch
14. NAME OF HUSBAND OR WIFE: Louis J.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Louis J Sindelar Sr Address: 6852 Bonnie

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ~~Valvular Heart Disease (Endocarditis Chr.)~~
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 421.4
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 (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

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 a.m. p.m. Month, Day, Year
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 ~~September 13th.,1960~~ ~~October 13th.,1960~~ and saw her/him alive on ~~Oct. 13th.,1960~~
Death occurred at ~~7.45 P.M.~~ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W B Wagenbach (Degree or title) M.D.
22b. ADDRESS: 4717 Morganford Rd.
22c. DATE SIGNED: Oct. 14th

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/17/60
23c. NAME OF CEMETERY OR CREMATORY: New Picker Cemetery
23d. LOCATION (City, town, or county) (State): St Louis Missouri

24. FUNERAL DIRECTOR: Moydell Funeral Home ADDRESS: 1926 Allen
25. DATE RECD. BY LOCAL REG.: OCT 14 1960
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

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_____ Signed Hedley F. Faeller Jr

Signature of Student Embalmer

Licensed Embalmer No. 9950

P. O. Address St Louis

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