

S. No. 2  
 DM-5-43  
 v. 5-17-39  
 I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **760**  
 Registrar's No. **704**

**FILED FEB 7 1945 318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County St. Louis, Mo.  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day 0  
(Specify whether years, months or days)

In this community Life.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5012 Ray Ave.,  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Louisa Sedlacek  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 31st, 1871  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>73</u>	<u>7</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation At home

11. Industry or business \_\_\_\_\_  
 12. Name William Riewe  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Not known  
 15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Lovely  
 (b) Address 5012 Ray Ave.,  
 17. (a) Burial (b) Date thereof 1/24/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director John Ziegenhain & Sons  
 (b) Address 7027 Gravois Ave.  
 19. (a) JAN 24 1945 (b) J. F. Brudwick  
(Date read to local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 21st, year 1945 hour 3 minute 10 A.M.  
 21. I hereby certify that I attended the deceased from January 5<sup>th</sup>, 1945, to Jan 21<sup>st</sup>, 1945, that I last saw her ex alive on Jan 20<sup>th</sup>, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure  
 Due to Chronic Myocarditis  
 Other conditions 9/3  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature Arnold Klein (M. D. or other) \_\_\_\_\_  
 Address 2632 North Kings Highway Date signed 1/27/45  
(Specify type of place) (a) While at work? (b) Means of injury

*Handwritten notes:*  
 17  
 157  
 36 hrs  
 9/3

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

7027

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Sheldon Collier* .....

Licensed Embalmer No. *3382* .....

P. O. Address *7027 Gravois* .....

**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.