. S. No. 2
M—12-45
v. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26235

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 6910

1. PLACE OF DEATH:

(a) County: MISSOURI

(b) City or town: ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: JEWISH HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: 000

(c) City or town: ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 3411 WINNEBAGO 9
(If rural, give location)

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(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: ELIZABETH WYSKOCIL

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: MARRIED

6. (b) Name of husband ~~or wife~~: WILLIAM

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: SEPT. (Month) 20 (Day) 1896 (Year)

8. AGE: Years 50 | Months 10 | Days 1 | If less than one day hr. min.

9. Birthplace: CZECHO SLOVAKIA 6
(City, town, or county) (State or foreign country)

10. Usual occupation: BAKER [redacted]

11. Industry or business: FAMOUS-BARR CO. 1

MOTHER
12. Name: UNKNOWN
13. Birthplace: CZECHO SLOVAKIA
(City, town, or county) (State or foreign country)

FATHER
14. Maiden name: MARIE CERMAK 1
15. Birthplace: CZECHO SLOVAKIA
(City, town, or county) (State or foreign country)

16. (a) Informant: SYLVIA BOBRINIC
(b) Address: 4403 GRAVOIS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JULY 25, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: SUNSET BURIAL PK.

18. (a) Signature of funeral director: Thomas Kutis Son
(b) Address: 2906 GRAVOIS

19. (a) JUL 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1947 hour 1 5 minute 35 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h. alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism
Duration
Fractured right leg when she tripped over a Grass Rug in the Terminal Way Restaurant Upstairs at Work Deceased 7:00 p.m. June 6, 1947

Other conditions: 16
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 24
Of autopsy: 24

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident

(b) Date of occurrence: June 6, 1947

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Work (Specify type of place)

While at work? (e) Means of injury: As above

23. Signature: Patrick T. Taylor (M. D. or other) 3

Address: Deputy Coroner Date signed 7-22-47

(Licensed Embalmer's Statement on Reverse Side)

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 Hamer C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Grove

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.