

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6709

REG. DIST. NO. 318

PRIMARY REG. DIST. 1003

Registrar's No. 1564

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4040 Phillips Place		d. STREET ADDRESS (If rural, give location) 4040 Phillips Place	
3. NAME OF DECEASED a. (First) JOHN (Type or Print)			b. (Middle) SODOMKA SR.
4. DATE OF DEATH Feb. 15-1949 (Month) (Day) (Year)			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 12-1869
9. AGE (In years just birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (State or foreign country) Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME William Sodomka	
13b. MOTHER'S MAIDEN NAME Marie Bednar		14. NAME OF HUSBAND OR WIFE Marie Sodomka	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Marie Sadomka	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 day	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUE TO (b) Hypertension, Ch. Myocarditis 3 yrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Ch. Endocarditis mitral 3 yrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Arterio Sclerosis 92 4 yrs.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) St. Louis	(COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR none	
22. I hereby certify that I attended the deceased from Nov. 23, 1948, to Feb. 15, 1949, that I last saw the deceased alive on Feb. 14, 1949, and that death occurred at 10 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. J. Jovanovich M.D.		23b. ADDRESS 2767 Grand Ave	23c. DATE SIGNED 2-17-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-18-1949	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Pk	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REG. FEB 18 1949	REGISTRAR'S SIGNATURE J. B. Fuseler	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Modell and 1926 Allen Ave	

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

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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 \_\_\_\_\_  
me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Benj. C. Duncan* \_\_\_\_\_

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.