

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32184

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7905

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3521 a Ohio Av	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital			

3. NAME OF DECEASED (Type or Print) Serafin Shields			4. DATE OF DEATH (Month) (Day) (Year) Sept 9-49		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	8. DATE OF BIRTH About 1891		9. AGE (In years last birthday) Aht 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME Joseph Kondrzc		13b. MOTHER'S MAIDEN NAME Magdalen Smirio		14. NAME OF HUSBAND OR WIFE	
-----------------------------------	--	---	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Anna Holtz 3530a Pennsylvania Av		ADDRESS	
---	-------------------------	--	--	---------	--

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis				
	DUE TO (c) Age				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
------------------------	----------------------------------	--	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 97	(COUNTY)	21d. (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? 1/20/49			

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edgar W. Davis M.D.	23b. ADDRESS 3805 So Broadway St. Louis	23c. DATE SIGNED 9/12/49
--	---	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/15/49	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	24d. LOCATION (City, town, of county) St. Louis Missouri
--	-------------------	--	--

DATE REC'D BY LOCAL REG. SEP 12 1949	REGISTRAR'S SIGNATURE J.B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Majors Funeral Home 1926 Allen
--------------------------------------	------------------------------------	----------------------------------	--

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

*Navy*

**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

*Dale W. Thammann*

Licensed Embalmer No. *4533*

P. O. Address *1926 Allen*

**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.