No. 300
10.48

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39721

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4364

1. PLACE OF DEATH
a. COUNTY ST. LOUIS COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NORMANDY ~~ST. LOUIS~~ Mo
c. LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MOTHER OF GOOD COUNCIL HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
d. STREET ADDRESS (If rural, give location) 3168 PENNSYLVANIA

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) — c. (Last) DUCHEK

4. DATE OF DEATH (Month) (Day) (Year) Nov. 8 1949

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW
8. DATE OF BIRTH MARCH 25 1872
9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) BOHEMIA
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE UNK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME JOHN DUCHEK ADDRESS 3168 Penn.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) Diabetes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Amputation R leg. 260X

19a. DATE OF OPERATION 1946
19b. MAJOR FINDINGS OF OPERATION 260X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? none

22. *I hereby certify that I attended the deceased from* 11-5, 1949, *to* 11-8, 1949, *that I last saw the deceased alive on* 11-8, 1949, *and that death occurred at* 10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE M E Stoehle (Degree or title) MD
23b. ADDRESS 7124 Natural Bridge
23c. DATE SIGNED Nov. 9-49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE Nov. 11 1949
24c. NAME OF CEMETERY OR CREMATORY SS. PETER & PAUL CEM.
24d. LOCATION (City, town, or county) ST. LOUIS (State) Mo

DATE REC'D BY LOCAL REG. 11-10-49
REGISTRAR'S SIGNATURE Herbert R. Womke MD
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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

9 to 11:00 a.m. Thurs

6 to 8:00 pm Wed

7124 Natural Bridge

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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, M

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: