

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42969

State File No. 10986
 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10986	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7304 Virginia				d. STREET ADDRESS (If rural, give location) 7304 Virginia			
3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) Skrob c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Dec. 20 1949				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 20 1877		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Karl Skrob			13b. MOTHER'S MAIDEN NAME Marie Mlejnek		14. NAME OF HUSBAND OR WIFE Marie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 492-10-3448		17. INFORMANT'S SIGNATURE OR NAME Marie Skrob ADDRESS 7304 Virginia			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic, valvular heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic aural ear Eustachian					INTERVAL BETWEEN ONSET AND DEATH 6 hrs 5 yrs + 1 yr
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. ANATOMY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 9/20			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 42/4			
22. I hereby certify that I attended the deceased from Aug 19 49 , to Dec 20, 1949 , that I last saw the deceased alive on (key) 3/10/49 , and that death occurred at 8:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William F. Williams M.D.				23b. ADDRESS 7619a Gray Ave.		23c. DATE SIGNED 22 Dec. 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-23-49	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REG. DEC 22 1949		REGISTRAR'S SIGNATURE J. B. Fendler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. P. Fendler Jr. 7128 Michigan			

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

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

Clarence Rochon

Licensed Embalmer No. _____

3093

P. O. Address _____

17128 Michig

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.