

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2469

State File No.

FILED JAN 19 1951

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2239			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1104 Geyer</u>				d. STREET ADDRESS (If rural, give location) <u>1104 Geyer</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) c. (Last) <u>DOLEJSI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 1 1951</u>						
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 16 1870</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>MATTIAS MIK</u>		13b. MOTHER'S MAIDEN NAME <u>ROSE HREBEC</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM DOLEJSI</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM DOLEJSI</u>				ADDRESS <u>1104 Geyer</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Int Nephritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Mar 20 50</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Chr. Myocardite</u> 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 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>592X</u>					
22. I hereby certify that I attended the deceased from <u>Mar 20, 1950</u> , to <u>Jan 1, 1951</u> , that I last saw the deceased alive on <u>Jan 1, 1951</u> , and that death occurred at <u>7:20 P. M.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C. E. Moeller M.D.</u>				23b. ADDRESS <u>3537 Jefferson</u>		23c. DATE SIGNED <u>Jan 2 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JAN. 4 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM. ST. LOUIS Mo</u>		24d. LOCATION (City, town, or county) (State)				
DATE REC'D BY LOCAL REG. <u>Jan 2 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Casper</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u>				ADDRESS <u>2906 Pearce</u>

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

35375
1/10 3 715
J. H. Peterson

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 _____

working under my personal supervision.

Student Embalmer No.

Signed James C. Bell

Signed.....
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Seaman

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.