

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43298

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11421**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		b. COUNTY <b>Missouri</b>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		d. STREET ADDRESS (If rural, give location) <b>23 1312 Geyer Av</b>	

3. NAME OF DECEASED (Type or Print) <b>JOSEPHINE</b>	a. (First)	b. (Middle)	c. (Last) <b>ROZUM</b>	4. DATE OF DEATH <b>DEC. 23, 1951</b>
---	------------	-------------	---------------------------	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Mar 17 1869</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
-------------------------	----------------------------------	--	--	--	---------------------------	-------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Czechoslovakia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S</b>
---	-----------------------------------	--	--

13a. FATHER'S NAME <b>William Miko</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>William (deceased)</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>ADDRESS</b>
---	-------------------------	---

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>SEPTICEMIA</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ABCESS, LEFT THIGH</b> DUE TO (c) <b>DIABETES MELLITUS</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ARTERIO SCLEROSIS</b>			

19a. DATE OF OPERATION <b>12/19/51</b>	19b. MAJOR FINDINGS OF OPERATION <b>ABCESS, LEFT MEDIAL THIGH</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>2nd X</b>
---	--	--

22. I hereby certify that I attended the deceased from 12-17-51, 19  , to 12-23-51, 19  , that I last saw the deceased alive on 12-23-51, 19  , and that death occurred at 7:50P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Doctor B. Ried, M.D.</b>	23b. ADDRESS <b>1515 Lafayette Avenue</b>	23c. DATE SIGNED <b>12-24-51</b>
---	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12/26/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Picker Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>DEC 24 1951</b>	REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Moydell Funeral Home</b>	ADDRESS <b>1926 Allen Av</b>
--	--	---	---------------------------------

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 me  
& George J. Luboda Jr.  
working under my personal supervision. Student Embalmer No. 451

Signed George J. Luboda Jr.  
Student Embalmer

Signed Dale A. Trauman  
Licensed Embalmer No. 4533  
P. O. Address St. Louis

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.