

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3364  
0047  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

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) ST. LOUIS MO		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) 23 TOWN ST. LOUIS 2239		d. STREET ADDRESS (If rural, give location) 1832 S. 11th
d. FULL NAME OF HOSPITAL OR INSTITUTION ENROUTE CITY HOSPITAL			d. STREET ADDRESS (If rural, give location) 1832 S. 11th		
3. NAME OF DECEASED (Type or Print) a. (First) JACOB b. (Middle) C. c. (Last) STESKA			4. DATE OF DEATH (Month) (Day) (Year) JAN. 7 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH JAN. 12 1902	9. AGE (In years last birthday) 49	10. MONTHS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INK MIXER		10b. KIND OF BUSINESS OR INDUSTRY TRIANGLE INK CO	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JACOB STESKA		13b. MOTHER'S MAIDEN NAME MARY STRAKA		14. NAME OF HUSBAND OR WIFE —	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CECILA BEAHL 4749 HAMBURG		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)					INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
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 checked="" 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H201		
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 4:17 P. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) F. Taylor 3			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1/4/52
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JAN. 5 1952	24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
DATE REC'D BY LOCAL REG. JAN 4 1952		REGISTRAR'S SIGNATURE Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kute 2906 Prairie	

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 *Geo J. Budde* \_\_\_\_\_

Licensed Embalmer No. *3989* \_\_\_\_\_

P. O. Address *St. Louis, Mo.* \_\_\_\_\_

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.