

MAY 1 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14420

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3685

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) OR TOWN ST. LOUIS MO	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2029	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5419 MILENTZ		d. STREET ADDRESS (If rural, give location) 5419 MILENTZ	

3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) - c. (Last) JIRKA			4. DATE OF DEATH (Month) (Day) (Year) APRIL 18 1952		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 6-17-1892		9. AGE (In years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MO. U		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME JOHN JIRKA		13b. MOTHER'S MAIDEN NAME MARIE PAN GRAGE		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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS KATHRYN BREMER 4947 EICHELBERGE	

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) Cerebral hemorrhage (Rt. hemiplegia) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch. cardio-vascular heart disease with hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 2 hours 2 year
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR HH3 X	

22. I hereby certify that I attended the deceased from 4-18-52 to 4-18-52, that I last saw the deceased alive on 4-18-52, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE O. E. Griffith (Degree or title)		23b. ADDRESS 4523 Skingbury		23c. DATE SIGNED 4-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 21 1952	24c. NAME OF CEMETERY OR CREMATORY S. S. PETER + PAUL CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		

DATE REC'D BY LOCAL REG. APR 19 1952	REGISTRAR'S SIGNATURE Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Beavon		
--------------------------------------	-------------------------------------	--	---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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.....

James E. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Leavens

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.