

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **22249**

JUN 27 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5418**

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 2157		d. STREET ADDRESS (If rural, give location) 15 4372 ELLEN WOOD
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY'S HOSP.			d. STREET ADDRESS (If rural, give location) 15 4372 ELLEN WOOD		
3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) A. c. (Last) KREJCI			4. DATE OF DEATH (Month) (Day) (Year) JUNE 11 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 21 1898	9. AGE (In years last birthday) 54	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN		10b. KIND OF BUSINESS OR INDUSTRY FREUND BAKERY CO.		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO	12. CITIZEN OF WHAT COUNTRY? U
13a. FATHER'S NAME WILLIAM KREJCI		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE CLARA KREJCI		
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 CLARA KREJCI 4372 ELLEN WOOD		
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, ashenic, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coriary dilatation ANTECEDENT CAUSES DUE TO (b) Heart block Complete DUE TO (c) Atrial Fibrillation Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus Bergers Disease				INTERVAL BETWEEN ONSET AND DEATH 1 day 4 mos. 4 mos. 1 yr. 6 mos.
19a. DATE OF OPERATION 3-12-52	19b. MAJOR FINDINGS OF OPERATION Amputation left leg below knee 260X				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) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 2, 1952 to June 11, 1952 , that I last saw the deceased alive on June 11, 1952 , and that death occurred at 7:28 PM , from the causes and on the date stated above.					
23a. SIGNATURE Dr. J. J. ... (Degree or title)			23b. ADDRESS 2767 Garrison Ave		23c. DATE SIGNED 6-11-52
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JUNE 14 1952	24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 12 1952	REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Garrison		

(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

Leo 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.

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