

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25476

State File No.

FILED AUG 11 1952

BIRTH NO. _____ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 6050 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY St. Charles 0923		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Portage Twp. OR TOWN		c. LENGTH OF STAY (If in this place) 17 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION Harbor Point		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2269	
		d. STREET ADDRESS (If rural, give location) 1912a Angelecia Ave	

3. NAME OF DECEASED (Type or Print)	a. (First) Alexander	b. (Middle) A.	c. (Last) Siadek	4. DATE OF DEATH (Month) (Day) (Year) July 29 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 26, 1904	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 3
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Boat yards	11. BIRTHPLACE (State or foreign country) Minnesota	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Andrew Saidek	13b. MOTHER'S MAIDEN NAME Martha Derdowski	14. NAME OF HUSBAND OR WIFE Mary Helen Saidek
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mary H. Saidek	ADDRESS 1912a Angelecia Ave. St. Louis
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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, ashenia, 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) Electrical shock from a refrigerator motor, on a boat.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E9144 46	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 092	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Suicide HOMICIDE Accident	21b. PLACE OF INJURY, (e.g., in or about home, farm, factory, street, office bldg., etc.) Boat Harbor	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Protage St. Charles Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 29, 1952 1PM	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Grabe d Hot. wire. of Electric motor.
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Mario Munchery Corona</i> (Degree or title) _____	23b. ADDRESS <i>Wentzville Mo.</i>	23c. DATE SIGNED 7-30-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 1 1952	24c. NAME OF CEMETERY OR CREMATORY <i>alvary</i>	24d. LOCATION (City, town, or county) (State) St Louis Mo
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DATE REC'D BY LOCAL REG. Aug 6 1952	REGISTRAR'S SIGNATURE <i>H. W. ...</i> 306	25. FUNERAL DIRECTOR'S SIGNATURE <i>Hackmann</i> ADDRESS <i>St Charles Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1953

APR 15 1953

AUG 18 1952

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 Charles F. Nache

Licensed Embalmer No. 4530

P. O. Address St. Charles, 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.