

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37315**BIRTH NO. **4000** **1952** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2717**

1. PLACE OF DEATH a. COUNTY St. Louis		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) Bellefontaine Heights		c. CITY (If outside corporate limits, write RURAL and give township) Bellefontaine Heights 402^o	
c. LENGTH OF STAY (In this place) 3 1/2 yrs		d. STREET ADDRESS (If rural, give location) 106.95 Bellefontaine Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address) St. Louis State Fr. School			
3. NAME OF DECEASED (First) JOHN		b. (Middle) - c. (Last) VACHOUSEK	
4. DATE OF DEATH (Month) (Day) (Year) 10 19 1952		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 1874	
9. AGE (In years last birthday) 78 yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Detail	
11. BIRTHPLACE (State or foreign country) Bohemia		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME 2 Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Clara Vachousek (deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	
16. SOCIAL SECURITY NO. nr		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Records of St. Louis State Fr. School Bellefontaine	
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 INTERVAL BETWEEN ONSET AND DEATH nr 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. Femoral Procox		331X since life	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased from 9-1-1952 , to 10-19-1952 , that I last saw the deceased alive on 10-19-1952 , and that death occurred at 2:30 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Howard P. Kelly, M.D.		23b. ADDRESS 10695 Bellefontaine Road	
23c. DATE SIGNED 10-19-52		24. BURIAL, CREMATION REMOVAL (Specify) BURIAL	
24b. DATE 10-22-52		24c. NAME OF CEMETERY OR CREMATORY SS. PETER & PAUL Cem St. Louis	
24d. LOCATION (City, town, or county) (State) Mo		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS MOYORAL FUNERAL HOME 1926 ALLEN	
DATE REC'D BY LOCAL REG. 10/21/52		REGISTRAR'S SIGNATURE Herbert R. Dornier M.D.	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Fred J. Larmer

Signed.....
Student Embalmer

Licensed Embalmer No. 4788

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.