

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **18514**

FILED JUN 3 1953

BIRTH NO. _____ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5595** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____	
b. CITY OR TOWN Rock	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN IMPERIAL	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION MONTERELLO NURSING HOME		e. STREET ADDRESS (If rural, give location) 0500	

3. NAME OF DECEASED (Type or Print) a. (First) HYNEK b. (Middle) _____ c. (Last) SIROKY	4. DATE OF DEATH (Month) (Day) (Year) 5-20-53
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 7-21-1865	9. AGE (In years last birthday) 87 If UNDER 1 YEAR Months _____ Days _____ If UNDER 2 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY MOULDER	11. BIRTHPLACE (City and State or Foreign Country) CZECHOSLOVAKIA	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE AGNES (DECEASED)
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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 EDMOND SIROKY	ADDRESS 789 YALE AV.
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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, asphyxia, 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) Cor Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis		
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 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Hammond	(COUNTY) Jefferson	(STATE) Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **May 19 1953** **to** **May 20 1953**, **that I last saw the deceased alive on** **May 20 1953**, **and that death occurred at** **12:30** **m., from the causes and on the date stated above.**

23a. SIGNATURE Heik	(Degree or title) Mo	23b. ADDRESS Imperial Mo	23c. DATE SIGNED 5/21/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 5-22-53	24c. NAME OF CEMETERY OR CREMATORY MO. CREMATORY	24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo
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DATE REC'D BY LOCAL REG. 5-23-53	REGISTRAR'S SIGNATURE Ruth Jirsa	438	25. FUNERAL DIRECTOR'S SIGNATURE MOYDELL F. HOME	ADDRESS 1926 ALLEN
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(Licensed Embalmer's Statement on Reverse Side)

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

o. 300
o. 48

18
MAY 26 1953

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED MAY 26 1953

JUN 8 1953

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
Signature of Student Embalmer

Signed *Reinhold K. Lohman*

Licensed Embalmer No. 337

P. O. Address 1726 alle

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**