

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45269**
Registrar's No. **11978**

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY D		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 town) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) St Louis	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) 2346 S 10th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		23	

3. NAME OF DECEASED a. (First) Edward (Type or Print)			b. (Middle) Frank			c. (Last) Drda			4. DATE OF DEATH (Month) (Day) (Year) Dec 19 1953			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan 8 1911			9. AGE (In years last birthday) 42		10. CITIZEN OF WHAT COUNTRY? U S A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman				10b. KIND OF BUSINESS OR INDUSTRY Bricklaying				11. BIRTHPLACE (State or foreign country) St Louis			12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME Joseph Drda			13b. MOTHER'S MAIDEN NAME Mary Stehlik			14. NAME OF HUSBAND OR WIFE None			
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 Mary Drda				ADDRESS 2346 S 10th Street	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock and Hemorrhage following operation on sinus at St. Louis City Hospital, on December 19 1953 about 7:35 am						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) sinus at St. Louis City Hospital, on December 19 1953 about 7:35 am							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) City Hospital, on December 19 1953 about 7:35 am							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7:35 am Accident						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) Shop		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 19 53 7:35 am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E955X	

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 **7:35 am**, from the causes and on the date stated above. **4/7**

23a. SIGNATURE Carl Smith MD (Degree or title)		23b. ADDRESS 1300 Clow		23c. DATE SIGNED 12/21/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/22/53		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) St Louis County Mo					

DATE REC'D BY LOCAL REG. DEC 21 1953		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home		ADDRESS 1926 Allen Av	
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(Licensed Embalmer's Statement on Reverse Side)

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

independent writing of entries

FEB 18 1954

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 Reinhold J. Lohmann

Licensed Embalmer No. 3395

P. O. Address 1926 Allen St. 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.