

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5930

State File No.

FILED MAR 4 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1380**

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		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital			d. STREET ADDRESS (If rural, give location) 1421 A Dolman Street			
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) Charles		c. (Last) Blazek		
4. DATE OF DEATH (Month) (Day) (Year) Feb 13 54		5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar 5 1878		9. AGE (In years last birthday) 75 IF UNDER 1 YEAR: Months Days IF UNDER 6 WKS: Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Labor		10b. KIND OF BUSINESS OR INDUSTRY Foundry		11. BIRTHPLACE (State or foreign country) Czechoslovakia		
13a. FATHER'S NAME Matthew Blazek		13b. MOTHER'S MAIDEN NAME Antonia Trefna		14. NAME OF HUSBAND OR WIFE Anna		
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 Anna Blazek 1421a Dolman 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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4201		
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 504 P.M. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <i>Walter H. Hapner</i>			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2/13/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 2/15/54		24c. NAME OF CEMETERY OR CREMATORY No Crematory		
24d. LOCATION (City, town, or county) (State) St Louis Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moynell Funeral Home 1926 Allen Av				
DATE REC'D BY LOCAL REG. FEB 13 1954		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>				

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.....

Reinhold J. Lohman

Signed.....
Student Embalmer

Licensed Embalmer No. 3395

P. O. Address.....

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.