

STANDARD CERTIFICATE OF DEATH

State File No. 6848  
0959

BIRTH NO. FILED MAR 4, 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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 town) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 23 1818 A S 9th Street	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Srnka c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan 28 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 10 1881
9. AGE (In years last birthday) 72		10. KIND OF BUSINESS OR INDUSTRY Svedrup & Parcel	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman		11. BIRTHPLACE (State or foreign country) St Louis Mo.	
12. CITIZEN OF WHAT COUNTRY U S A			

13a. FATHER'S NAME Matthew Srnka		13b. MOTHER'S MAIDEN NAME Anna Kohout		14. NAME OF HUSBAND OR WIFE Josephine	
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 Otto Srnka 2031 Allen Av	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Multiple fractures, suffered morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. (b) (c) <i>Due to</i> <i>fractures of 9th rib Seward 738 p.m. Jan 23 1954</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident		20. AUTOPSY? YES <input checked="" 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.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo.
21d. TIME OF INJURY Jan 23 54 7:38 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ODD E 8124

22. I hereby certify that I attended the deceased from 1954, to 1954, that I last saw the deceased alive on 1954, and that death occurred at 4:51 p.m., from the causes and on the date stated above. 25

23a. SIGNATURE Patrick Taylor Casner (Degree or title)		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1/30/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/1/54	24c. NAME OF CEMETERY OR CREMATORY S S Peter & Paul Cem	24d. LOCATION (City, town, or county) (State) St Louis Missouri.		

DATE REC'D BY LOCAL REG. FEB 1 1954	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av	
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Reinhold F. Lohm

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.