

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH14041
State File No. 3192

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 3192
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 749 Dover Place		d. STREET ADDRESS (If rural, give location) 749 Dover Place		
3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) c. (Last) Sadilek		4. DATE OF DEATH (Month) (Day) (Year) 4 7 '54		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12---6---'68	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		11. BIRTHPLACE (State or foreign country) Czechoslovakia
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY Home		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Frank Sykora		13b. MOTHER'S MAIDEN NAME Marie Treka		14. NAME OF HUSBAND OR WIFE Joseph Sadilek
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Blanche Winger
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>8 hrs</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) <i>old age</i> 11. 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		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) <i>332X</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <i>Jun 1, 1954</i> , to <i>ap 7, 1954</i> , that I last saw the deceased alive on <i>ap 5, 1954</i> , and that death occurred at <i>7:05 p.m.</i> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>J. S. Payne M.D.</i>		23b. ADDRESS <i>2752 1/2 Cherokee</i>		23c. DATE SIGNED <i>ap-8-54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4--10--'54		24c. NAME OF CEMETERY OR CREMATORY Sun-set Cemetery
24d. LOCATION (City, town, or county) (State) St Louis County Missouri		24e. DATE REC'D BY LOCAL REG. APR 9 1954		
REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Moydell Funeral Home</i>		
ADDRESS <i>1926 Allen Ave</i>				

(Licensed Embalmer's Statement on Reverse Side)

WALL PAPER OR OTHER MATERIALS ON REVERSE SIDE OF THIS CERTIFICATE MAY BE REMOVED WITHOUT DAMAGE TO THE ORIGINAL COPY.

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 K. Lohmann

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 complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.