

FILED SEP 2 1954

STANDARD CERTIFICATE OF DEATH

State File No. 7166

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7166

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION **4121 Fillmore St.,**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

d. STREET ADDRESS (If rural, give location) **4121 Fillmore St.,**

3. NAME OF DECEASED
(Type or Print) **Frank Siroky**

a. (First) **Frank** b. (Middle) c. (Last) **Siroky**

4. DATE OF DEATH (Month) (Day) (Year) **8 1 '54**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Jan. 12, 1871.** 9. AGE (In years last birthday) **83** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Shoe Worker** 10b. KIND OF BUSINESS OR INDUSTRY **Shoe Factory** 11. BIRTHPLACE (State or foreign country) **Czechoslovakia** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Joseph Siroky** 13b. MOTHER'S MAIDEN NAME **Josefa Hausy** 14. NAME OF HUSBAND OR WIFE **Josefa Siroky**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. -----

17. INFORMANT'S SIGNATURE OR NAME **Florence Koumovsky** ADDRESS **4121 Fillmore St**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of Stomach**

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. **Arteriosclerosis Sclerosis**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **151X**

22. I hereby certify that I attended the deceased from **May 15, 1954**, to **Aug 1, 1954**, that I last saw the deceased alive on **July 31, 1954**, and that death occurred at **9 A** m., from the causes and on the date stated above.

23a. SIGNATURE **Woy C. Riggins M.D.** (Degree or title) 23b. ADDRESS **7702 Perry Ave** 23c. DATE SIGNED **8/2/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** 24b. DATE **8--5--'54** 24c. NAME OF CEMETERY OR CREMATORY **Mo. Crematory** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **AUG 2 1954** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Moynell** ADDRESS **Funeral Home 1926 Allen Ave**

(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 K. Lohmann

Licensed Embalmer No. 3395

P. O. Address 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.