

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32638

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 500 Registrar's No. 2098

1. PLACE OF DEATH  
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MANCHESTER MO c. LENGTH OF STAY (in this place) 1 YEAR

c. CITY OR TOWN WEBSTER GROVES d. Is Residence within limits of a city or incorporated town?  Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION MANCHESTER NURSING HOME

e. STREET ADDRESS (If rural, give location) 133 EUCLID - WEBSTER GROVE MO

3. NAME OF DECEASED  
a. (First) ANNA b. (Middle) - c. (Last) BEZDEK

4. DATE OF DEATH (Month) (Day) (Year) AUG. 28 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW

8. DATE OF BIRTH Nov. 20 1875

9. AGE (In years last birthday) 78 if UNDER 1-YEAR Months Days if UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work performed) HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY AT HOME

11. BIRTHPLACE (City and State or Foreign Country) MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOSEPH NAHLIK

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE FRANK BEZDEK (DEC'D)

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

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS JULIA TAPPEL WEBSTER GROVES

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) CHRONIC MYOCARDITIS

INTERVAL BETWEEN ONSET AND DEATH

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

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) ARTERIOSCLEROSIS  
DUE TO (c) -

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC NEPHRITIS

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION 4221

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) -

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 28, 1953, to AUG 28, 1954, that I last saw the deceased alive on AUG. 28, 1954, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B.R. Loring MD

23b. ADDRESS BALLWIN, MO.

23c. DATE SIGNED 8-31-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE SEPT-1-1954

24c. NAME OF CEMETERY OR CREMATORY S. S. PETER & PAUL CEM.

24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL RES. 8/31/54

REGISTRAR'S SIGNATURE Heather R. Lamb

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutie 2906 Francis

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.....  
Signature of Student Embalmer

Signed *Homer C Dill*.....

Licensed Embalmer No. *424*

P. O. Address *2906 G*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.