

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42860

State File No.

318

1003

Registrar's No. 11135

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>9 yrs</u>		c. CITY OR TOWN <u>St Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4948 Lisette</u>				e. STREET ADDRESS (If rural, give location) <u>2 4948 Lisette 2029 0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>M. H.</u> c. (Last) <u>Svoboda</u>			4. DATE OF DEATH <u>Dec. 3, 1954</u> (Month) (Day) (Year)						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec 29, 1896</u>			
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work when during most of working life, even if retired) <u>Chief Supervisor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Public Service</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>John Svoboda</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>			
14. NAME OF HUSBAND OR WIFE <u>Edna Svoboda</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WW-1</u>		16. SOCIAL SECURITY NO. <u>494-01-0654</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Edna Svoboda</u>				ADDRESS <u>4948 Lisette</u>					
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) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arterio Sclerotic Coronary Arteriosclerosis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>					
22. I hereby certify that I attended the deceased from <u>4-9-1954</u> to <u>5-3-1954</u> , that I last saw the deceased alive on <u>Nov 8, 1954</u> , and that death occurred at <u>4:45 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>Carl J. Smith</u> (Type or title)				23b. ADDRESS <u>1899 Highway</u>		23c. DATE SIGNED <u>2-6-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>12/10/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo.</u>			
DATE REC'D BY LOCAL REG. <u>DEC 7 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J L Ziegenhein & Sons 7027 Gravois</u>					

(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.....
Signature of Student Embalmer

Signed *B. P. Kidwell*.....

Licensed Embalmer No. *387*.....

P. O. Address *7027 Bra*.....

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.