No. 300
10.48

FILED JAN 18 1955

# STANDARD CERTIFICATE OF DEATH

State File No. 43980

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11698

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN: St Louis Mo
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3455 Oregon Ave

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2249
d. STREET ADDRESS (If rural, give location): 24 3455 Oregon Ave 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Sares

**4. DATE OF DEATH** (Month) (Day) (Year): Dec 21 54

**5. SEX**: F 1
**6. COLOR OR RACE**: W.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married
**8. DATE OF BIRTH**: Dec 29 1884
**9. AGE** (In years last birthday): 69 — 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): Wife
**10b. KIND OF BUSINESS OR INDUSTRY**: Home
**11. BIRTHPLACE** (State or foreign country): Czechoslovakia 6
**12. CITIZEN OF WHAT COUNTRY?**: U S A

**13a. FATHER'S NAME**: Frank Halama
**13b. MOTHER'S MAIDEN NAME**: Rose Mrag
**14. NAME OF HUSBAND OR WIFE**: John

**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**: John Sares — ADDRESS: 3455 Oregon 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis

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

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: Hypertension

INTERVAL BETWEEN ONSET AND DEATH:

**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?**: 4201

22. *I hereby certify that I attended the deceased from* Oct 5 1949, *to* Dec 20 1954, *that I last saw the deceased alive on* 12/20, 1954, *and that death occurred at* 11 P.M. *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Otto C Hamer MD
**23b. ADDRESS**: 301 N Lafayette
**23c. DATE SIGNED**: 12/23/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 12/24/54
**24c. NAME OF CEMETERY OR CREMATORY**: New Bethel
**24d. LOCATION** (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG. DEC 23 1954
REGISTRAR'S SIGNATURE: J Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: Mangan Funeral Home
**ADDRESS**: 1926 Allen
(Licensed Embalmer's Statement on Reverse Side)

mgB

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 4 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.