

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13328

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3155**

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 OR TOWN **St Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSPITAL** STREET ADDRESS (If rural, give location) **23 1535 Vain Place 2239**

3. NAME OF DECEASED (Type or Print) a. (First) **ANNA** b. (Middle) _____ c. (Last) **FRUMAR** 4. DATE OF DEATH (Month) (Day) (Year) **APRIL 7, 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Nov 17 1879** 9. AGE (In years last birthday) **75** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Czechoslovakia 6** 12. CITIZEN OF WHAT COUNTRY? **U S A**

13a. FATHER'S NAME **? Kinska** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Joseph (Deceased)**

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 **Joseph Frumar Jr** ADDRESS **Overland 9712 Lilly Jean**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic Heart Disease**
ANTECEDENT CAUSES _____ DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **Gen. Arteriosclerosis**
Conditions contributing to the death but not related to the disease or conditions causing 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **2-24-55**, 19____, to **4-7-55**, 19____, that I last saw the deceased alive on **4-7-55**, 19____, and that death occurred at **6:15P m.**, from the causes and on the date stated above.

23a. SIGNATURE **J. Budel Jr M.D.** (Ink or title) 23b. ADDRESS **1515 Lafayette Avenue** 23c. DATE SIGNED **4-8-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **4/9/55** 24c. NAME OF CEMETERY OR CREMATORY **Lakewood Park Cemetery** 24d. LOCATION (City, town, or county) (State) **St Louis County Mo.**

DATE REC'D BY LOCAL REG. **APR 8 1955** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Moydell Funeral Home** ADDRESS **1926 Allen Av**
(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 *Russell H. Lehmann*

Licensed Embalmer No. *339*
P. O. Address *St. Louis*

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.