

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16933

State File No.

3937

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

1. PLACE OF DEATH a. COUNTY		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) St. Louis,		c. CITY OR TOWN Lemay 23, 4870	
c. LENGTH OF STAY (in this place) 2 weeks		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 Deaconess Hospital		STREET ADDRESS (If rural, give location) 144 W. Velma Ave.	

3. NAME OF DECEASED (Type or Print) Iola	a. (First)	b. (Middle) L.	c. (Last) Rezabek	4. DATE OF DEATH (Month) (Day) (Year) April 30, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 24, 1907	9. AGE (in years last birthday) 47 IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Clothing Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo 0
13a. FATHER'S NAME Charles Murphy		13b. MOTHER'S MAIDEN NAME Mary Kiseel		14. NAME OF HUSBAND OR WIFE Joseph Rezabek

15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 486-12-9872	17. INFORMANT'S SIGNATURE OR NAME Joseph Rezabek, 144 W. Velma Ave.		ADDRESS
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18. CAUSE OF DEATH, Enter only one cause per line for (a), (b), and (c) Cerebro - Vasculer accident	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
*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) Hypertensive - Nephritic Syndrome 6 Month DUE TO (c) diabetic Mellitus	20 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 260X
22. I hereby certify that I attended the deceased from Aug 44 , 19 44 , to 4-30-55 , 19 55 , that I last saw the deceased alive on 4-30-55 , 19 55 , and that death occurred at 9:45A m. , from the causes and on the date stated above.		

23a. SIGNATURE J. E. Smith	23b. ADDRESS 5203 Clippewa	23c. DATE SIGNED 5-3-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/3/55	24c. NAME OF CEMETERY OR CREMATORY Waterloo City Cem.
24d. LOCATION (City, town, or county) (State) Waterloo, Ill.		

DATE REC'D BY LOCAL REG. MAY 3 1955	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co.	ADDRESS 7420 Michigan Ave.
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S.P. (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 *W. G. Peterson*

Licensed Embalmer No. *37*

P. O. Address *74207*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.