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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

45554

STATE FILE NUMBER 12725

Registration District No. 318 Primary Registration District 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
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St Louis — Inside Limits Yes # No ☐	c. CITY OR TOWN St Louis — Inside Limits Yes # No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 23 St Johns Hosp — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 219 4398 Olive Street — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First: Anna Middle: Last: Allen	4. DATE OF DEATH Month Day Year: Dec 30 1957		
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED # DIVORCED ☐	8. DATE OF BIRTH: Aug 21 1884
9. AGE (In years last birthday): 73	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 country): St Louis Missouri	12. CITIZEN OF WHAT COUNTRY? U S
13a. FATHER'S NAME: Frances Novak	13b. MOTHER'S MAIDEN NAME: Mary Hrdlicka	14. NAME OF HUSBAND OR WIFE: Edward (Deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address: Albert Novak 6205 Hoffman Ave	

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arterio sclerotic cardio ? — 1 year

DUE TO (c) Vasc. disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 422.1

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 1957, to 30 Dec 1957 and last saw her/him alive on 29 Dec 1957

Death occurred at 9 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. Bold MD

22b. ADDRESS: 6000 W Florissant

22c. DATE SIGNED: 2 Jan 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1/3/58	23c. NAME OF CEMETERY OR CREMATORY: S S Peter & Paul Cem	23d. LOCATION (City, town, or county) (State): St Louis Missouri
24. FUNERAL DIRECTOR ADDRESS: Moydell Funeral Home 1926 Allen	25. DATE RECD. BY LOCAL REG.: JAN 2 '58	26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Reinhold T. Lohrmann

Licensed Embalmer No. 3395

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.