Health, & Welfare Public Service

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1-57

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3921
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 545 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Maplewood — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2550 Florent Ave. — Length of stay in 1b 36 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Maplewood 45240 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2550 Florent Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: THERESA Middle: NMI Last: SLEZAK

4. DATE OF DEATH Month Day Year: Jan. 2, 1958

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 12-18-1873
9. AGE (In years last birthday): 84 — 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): Designer
10b. KIND OF BUSINESS OR INDUSTRY: Costume
11. BIRTHPLACE (City and state or country): Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Joseph Rogacsnik
13b. MOTHER'S MAIDEN NAME: Catherine Lohner
14. NAME OF HUSBAND OR WIFE: Karoly Slezak

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 486-16-4782
17. INFORMANT: Charles W. Slezak, 2540 Florent Ave. (Address)

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.

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 Sept 1946 to Jan 2 1958 and last saw her/him alive on Jan 2, 1958
Death occurred at 2:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John G. Matthews (Degree or title) M.D.
22b. ADDRESS 3707 Watson Rd. St. Louis, Mo.
22c. DATE SIGNED 1-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1-6-1958
23c. NAME OF CEMETERY OR CREMATORY: SS. Peter & Paul Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS: JAY B. SMITH, Maplewood, Mo.
25. DATE RECD. BY LOCAL REG.: 1-6-1958
26. REGISTRAR'S SIGNATURE: Herbert R. Denschel M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 H. C. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.