Health, Welfare Public Service

300 -57 4

FILED MAR 13 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006172
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 551V Registrar's No. 7V

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) RURAL JOACHIM TWP. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) MOUNTAIN VIEW NURSING HOME Length of stay in 1b 7 MON.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY
c. CITY OR TOWN ST. LOUIS 2019 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6150 LEONA Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Anthony Middle: A Last: Mrazek.

4. DATE OF DEATH Month: MAR. Day: 4 Year: 1959

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH MAR. 13, 1871

9. AGE (In years last birthday) 87 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) CLERK (RETIRED)
10b. KIND OF BUSINESS OR INDUSTRY TERMINAL R.R. CO.

11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE LATE ANNA E. MRAZEK

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. 491-16-8276a

17. INFORMANT BLANCHE RECHTIEN Address 6150 LEONA

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arterio Sclerotic Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Worse 10 dn.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Fracture Rt. Hip (Femur) 4221F

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.) Fell, in his Room -
20c. TIME OF INJURY Hour 10:30 p.m. Month, Day, Year 1-22-59
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.) Mt. View Nursing Home
20f. CITY, TOWN, OR LOCATION Festus COUNTY Jefferson STATE MO

21. I attended the deceased from Aug 15-1958, to 3-4-59 and last saw him alive on 3-4-59
Death occurred at 7:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. D. Donnell, M.D.
22b. ADDRESS Crystal City, Mo.
22c. DATE SIGNED 3-5-59.

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 3-9-1959
23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.
23d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.

24. FUNERAL DIRECTOR KRIEGSHAUSER ADDRESS 4228 S. KINGSHIGHWAY
25. DATE RECD. BY LOCAL REG. 3-6-59
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DATE RECEIVED
MAR 11 1959

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 Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address .....

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.