RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-013226

FILED VS MAR 24 1960

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2853

NDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lutheran Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY

c. CITY OR TOWN: St Louis — Inside Limits: Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location): 3449 Keokuk — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Amalie — Middle: — Last: Siroky

4. DATE OF DEATH: Month / Day / Year: March 9 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: 3/26/76

9. AGE (last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: 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): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY: U S

13a. FATHER'S NAME: Frank Klimt

13b. MOTHER'S MAIDEN NAME: Josephine Nemec

14. NAME OF HUSBAND OR WIFE: William (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT — Address: Elmer Siroky 3449 Keokuk Street

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): 420.0

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

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 1957, to 3/9/1960 and last saw her/him alive on Mar. 9. 1960

Death occurred at 5A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ralph Bergno

22b. ADDRESS: 3 2038 Grand

22c. DATE SIGNED: 3/10/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: 3/12/60

23c. NAME OF CEMETERY OR CREMATORY: Missouri Crematory

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.: MAR 11 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4950

P. O. Address St Louis

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