

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-005756**

FILED VS MAR 1 1961

Registration District No. 162 Primary Registration District No. 5395 Registrar's No. 16

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

|  |  |   |   |   |   |  |  |  |
|--|--|---|---|---|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jefferson</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY |   |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kimmswick</u>  |  | Length of stay in 1b<br><u>2 Months</u>   |   | c. CITY OR TOWN <u>Affton</u>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>FOUR OAKS NURSING HOME</u>   |  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><u>5351 Lode</u> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>EVA</u> Middle <u>WLCEK</u> Last   |  |   |   | 4. DATE OF DEATH<br>Month <u>2</u> Day <u>17</u> Year <u>1961</u>   |   |  |  |  |
| 5. SEX <u>F</u>  | 6. COLOR OR RACE <u>W</u>              | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH <u>5/13/80</u>   | 9. AGE (last birthday) <u>80</u>                                  | IF UNDER 1 YEAR<br>Months Days   | IF UNDER 24 HR<br>Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>At Home</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY   |   | 11. BIRTHPLACE (City and state or country)<br><u>Hungary</u>      | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |  |  |
| 13a. FATHER'S NAME<br><u>Drefler</u>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Not Known</u>                             |   | 14. NAME OF HUSBAND OR WIFE<br><u>Michael</u>                     |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  |   | 16. SOCIAL SECURITY NO.<br><u>None</u>                                    |   | 17. INFORMANT Address<br><u>Elizabeth Steller, 5351 Lode</u>      |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>CARDIAC FAILURE</u><br>DUE TO (b) <u>MALIGNANT HYPERTENSION</u><br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/>  | HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                          |   |  |  |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |   |   |  |  |  |
| 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 <u>Dec. 1, 1960</u> to <u>Nov</u> and last saw <u>her</u> alive on <u>Feb. 13, 1961</u><br>Death occurred at <u>9:45 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |   |   |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>A.H. Field D.O.</u>   |  |   | 22b. ADDRESS<br><u>837 N. Kingshighway St. Louis 8, Mo.</u>               |   |   | 22c. DATE SIGNED<br><u>2/20/61</u>   |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  | 23b. DATE<br><u>2/20/61</u>            | 23c. NAME OF CEMETERY OR CREMATORY<br><u>St. Paul Churchyard</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis County, Mo.</u>   |   |  |  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>John L. Ziegenhein &amp; Sons, 7027 Gravois</u>   |  |   | 25. DATE RECD. BY LOCAL REG.<br><u>2-20-61</u>                            |   | 26. REGISTRAR'S SIGNATURE<br><u>Robert E. Bauer</u>               |  |  |  |

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**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 E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Illinois

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.