

318 Primary Registration District No. 1003 Registrar's No. 7605 -61-031243
 STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED AUG 23 1961

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| 1. PLACE OF DEATH a. COUNTY <u>CITY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>City</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u> | | Length of stay in 1b | c. CITY OR TOWN <u>ST LOUIS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6275 GRAVOIS</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>6275 GRAVOIS</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>ZDVORACEK</u> Last <u>ZDVORACEK</u> | | | 4. DATE OF DEATH Month <u>8</u> Day <u>14</u> Year <u>61</u> | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5/22/1880</u> | 9. AGE (last birthday) <u>81</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe repair</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u> | | 11. BIRTHPLACE (City and state or country) <u>AUSTRIA</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Joseph ZDVORACEK</u> | | 13b. MOTHER'S MAIDEN NAME <u>MAROLINE MARKOVA</u> | | 14. NAME OF HUSBAND OR WIFE <u>MARY</u> | | | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | | 17. INFORMANT <u>MARY ZDVORACEK 6275 GRAVOIS</u> | |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GENERALIZED CARCINOMATOUS</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> |
| DUE TO (b) <u>GASTRIC ADENOCARCINOMA</u> | | |
| DUE TO (c) <u>151 X</u> | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 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.) | |
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| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | |
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|--|--|------------------------------|--------|-------|
| 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 last 2 years and last saw him alive on August 5-1961
 Death occurred at 12:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>Joy Van Gidsen Loren M.D.</u> | 22b. ADDRESS <u>DESLOGES HOSPITAL 1325, SO. GRAND BVD, ST LOUIS</u> | 22c. DATE SIGNED <u>8/14/61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u> | 23b. DATE <u>8/17/61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u> | 23d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u> |
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| 24. FUNERAL DIRECTOR <u>Brimmer Funeral Home House Springs Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>AUG 16 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Loan Smith M.D.</u> |
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Herbert J. Gou Jr

Licensed Embalmer No. 4800

P. O. Address Highway 27 Mo

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.