

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 18 1958

58-1616049  
STATE FILE NUMBER  
4052  
Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Nokomis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>32</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Victoria</b> Middle <b>Krohta</b> Last <b>Krohta</b>			4. DATE OF DEATH Month <b>April</b> Day <b>9</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>December 23, 1885</b>
9. AGE (In years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>Austria</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Adam Woytovih</b>	13b. MOTHER'S MAIDEN NAME <b>Tillie Anderachin</b>
14. NAME OF HUSBAND OR WIFE <b>Daniel Krohta, deceased</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b> <b>Nil</b>	16. SOCIAL SECURITY NO. <b>None</b>
17. INFORMANT <b>Mrs. Mary Telepka, Nokomis, Illinois.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Myocarditis with cardiac failure - 2 yr</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Spontaneous atherosclerosis</b> DUE TO (c) <b>Arteriosclerosis (long)</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not refer to the terminal disease condition given in PART I (a)) <b>Upper respiratory infection</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yr</b> <b>year</b>
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.) <b>None</b>		20c. TIME OF INJURY Month, Day, Year <b>4-22-58</b>	
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 <b>Benld, Illinois.</b>		COUNTY STATE	
21. I attended the deceased from <b>12-18-57</b> to <b>4-9-58</b> and last saw her alive on <b>4-9-58</b> Death occurred at <b>6:15 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>D. C. Hoppe M.D.</b>		22b. ADDRESS <b>4573 S. Kuyshlager</b>	
22c. DATE SIGNED <b>4-10-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>4-10-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Russian Orthodox Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Benld, Illinois.</b>		(State)	
24. FUNERAL DIRECTOR <b>Albert H. Hoppe</b>		ADDRESS <b>1700 Washington, Blvd.</b>	
25. DATE RECD. BY LOCAL REG. <b>APR 12 '58</b>		26. REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Laurence O. Healy* .....

Licensed Embalmer No. *4972* .....

P. O. Address *St. Louis, 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.