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V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19892

FILED JUN 19 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5439

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 923

(a) State Missouri (b) County

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 2002 A. South 12th, St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Helen Novak

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Novak

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September (Month) 13 (Day) 1876 (Year)

8. AGE: Years 66 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Rumania (City, town, or county) 6 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Unknown Faebinder
13. Birthplace Rumania (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant George Novak
(b) Address 2002 A. South 12, Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter&Paul Cem't

18. (a) Signature of funeral director Wm. J. Robert. L.&U. Co.
(b) Address 1905 South Grand Blvd

19. (a) JUN 14 1943 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13, year 1943 hour 1:50 minute A. M.

21. I hereby certify that I attended the deceased from June 11, 1943 to June 13, 1943 that I last saw her alive on June 13, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar pneumonia	
Due to: Arteriosclerotic Heart Disease	
Due to: Diabetes Mellitus	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0	
Of autopsy: as above	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Louis G. Kendoff M.D. (M.D. or other)
Address 1515 Lafayette Avenue Date signed 6/14/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

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 this body is not embalmed, fact should be so stated above.