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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13194

FILED APR 26 1944 18

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 3594

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

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1112 Allen Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joe Pavlitick

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 3, 1889
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	2	13	hr. min.

9. Birthplace (City, town, or county) Austria 4 (State or foreign country)

10. Usual occupation Cement worker

11. Industry or business

FATHER
12. Name Joe Pavlitick
13. Birthplace (City, town, or county) Austria 4 (State or foreign country)

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

16. (a) Informant John Percich
(b) Address 2000 S. 12th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-44 (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Cem

18. (a) Signature of funeral director Wm. C. Moydell
(b) Address 1926 Allen Ave.

19. (a) APR 18 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 16th
year 1944 hour 5:50 minute A. M.

21. I hereby certify that I attended the deceased from April 14th, 1944, to April 16th, 1944;
that I last saw him alive on April 16th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic heart disease

Due to —

Due to —

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

Duration

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

23. Signature Frank Gamberg (M. D. or other)
Address 1515 Lafayette Date signed 4/17/44

(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.....

Licensed Embalmer No. 3741

P. O. Address 1926 Allen Av

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.