

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

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25159  
Registrar's No. 5987

318 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		d. STREET ADDRESS (If rural, give location) <u>12-1000 N KINGSHIGHWAY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1000 N. KINGSHIGHWAY</u>				d. STREET ADDRESS (If rural, give location) <u>12-1000 N KINGSHIGHWAY</u>					
3. NAME OF DECEASED a. (First) <u>HARRIET</u> (Type or Print)			b. (Middle) <u>BELLE</u>		c. (Last) <u>NOVACK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 7 49</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 15-1907</u>		9. AGE (In years last birthday) <u>42</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WORK</u>			11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>HARRY VOLKUT</u>			13b. MOTHER'S MAIDEN NAME <u>MINNIE SHENBERG</u>			14. NAME OF HUSBAND OR WIFE <u>WILLIAM NOVACK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. <u>489-05-9430</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Novack</u> ADDRESS <u>1000 N. Kingshighway</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sodium Fluoride Poisoning</u> ANTECEDENT CAUSES <u>self administered in her home July 7 1949 exact time. Intubation. Suicide</u> DUE TO (b) <u>while suffering from</u> DUE TO (c) <u>temporarily mental aberration</u> 2. OTHER SIGNIFICANT CONDITIONS <u>temporarily mental aberration</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>6971A</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:37 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Catriel E Taylor Carls</u> (Degree or title) _____				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>7-8-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHEVRA KADISHA</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO.</u>			
DATE REC'D BY LOCAL REG. <u>JUL 8 1949</u>		REGISTRAR'S SIGNATURE <u>J. Blaser</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Openhandle</u> ADDRESS <u>5010 Enright</u>					

(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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W. J. Oxenhandler*.....

Licensed Embalmer No. *3669*.....

P. O. Address *5010 Enright*.....

**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.