

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10941

State File No. 2180

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION 5559 Powers Ave.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2069 d. STREET ADDRESS (If rural, give location) 5559 Powers Ave. 0	
3. NAME OF DECEASED a. (First) Josephine b. (Middle) C. c. (Last) Pavelka		4. DATE OF DEATH (Month) (Day) (Year) 3 / 5 / 50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 12, 1883
9. AGE (In years last birthday) 67		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Poland 4.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME George Puzniak		13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE Vincent C. Pavelka
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vincent Pavelka 5559 Powers
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION INTERVAL BETWEEN ONSET AND DEATH 5 hrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS, GEN. DUE TO (c) HYPERTENSION	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 4 yrs.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) 4201	
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?	
22. I hereby certify that I attended the deceased from DEC 16 19 45, to JAN 5, 19 50, that I last saw the deceased alive on JAN 5, 19 50, and that death occurred at 12:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Harry Agass M.D.</i>		23b. ADDRESS 634 N. Grand (3)	23c. DATE SIGNED 3/7/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/8/50	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Missouri.
DATE REC'D BY LOCAL REG. MAR 7 1950	REGISTRAR'S SIGNATURE <i>J. B. Basater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J. Quinn</i> 1399 Union Bly

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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 *Ronald Yababe*

Licensed Embalmer No. *3917*

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.