

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14849

State File No.

318

1003

Registrar's No. 3367

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis 224th

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2917 S. 18th ST. STREET ADDRESS 2917 S. 18th ST. (If rural, give township)

3. NAME OF DECEASED
a. (First) MARY b. (Middle) _____ c. (Last) NOVAK

4. DATE OF DEATH (Month) (Day) (Year)
APR. 10, 1950

5. SEX FEMALE

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH Jan 27, 1871

9. AGE (In years last birthday) 79 10. UNDER 1 YEAR Months _____ Days _____ 11. UNDER 1 RES. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
NONE

11. BIRTHPLACE (State or foreign country)
Hungary

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13a. FATHER'S NAME
Pf. ffner

13b. MOTHER'S MAIDEN NAME _____

14. NAME OF HUSBAND OR WIFE
George Novak

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. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
John Sedlecsek 2917 S. 18th ST.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cornary thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) myocardial infarction
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 days

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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)
HTLV MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 19, 1949 to Apr 6, 1950, that I last saw the deceased alive on Apr 6, 1950, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE H. S. Payne M.D. (Degree or title)

23b. ADDRESS 2752 Chamber

23c. DATE SIGNED 4-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-12-50

24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

24d. LOCATION (City, town, or county) (State)
ST. Louis, County

DATE REC'D BY LOCAL REG. APR 11 1950

REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Willie B. L. & U. G. 2929 S. Jefferson Ave.

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

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 J. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So Jefferson

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.