

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38908

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9284	
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. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4125 GANO AVE				d. STREET ADDRESS (If rural, give location) 4125 GANO AVE			
3. NAME OF DECEASED (Type or Print) HELEN F. PAVELEK			a. (First) F. b. (Middle) PAVELEK c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) OCT, 31, 1950	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV, 15, 1891	
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HERMAN NAGEL		13b. MOTHER'S MAIDEN NAME ELIZABETH BRISLANE		14. NAME OF HUSBAND OR WIFE FRANCIS PAVELEK			
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 MR. FRANCIS PAVELEK 4125 GANO AVE			
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) <u>Carcinoma of left lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of left breast</u> DUE TO (c) <u>Carcinoma of all long bones</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH: <u>6 months</u> <u>6 years</u>	
19a. DATE OF OPERATION May 3/44		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of left breast</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>170X</u>			
22. I hereby certify that I attended the deceased from <u>May 10, 1950</u> , to <u>Oct 31, 1950</u> , that I last saw the deceased alive on <u>Oct 30, 1950</u> , and that death occurred at <u>5 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Grace A. Montgomery M.D.</u>				23b. ADDRESS <u>4032 W. Florissant Ave</u>		23c. DATE SIGNED <u>10/31/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>11/3/50</u>		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI	
DATE REC'D BY LOCAL REG. NOV 1 1950		REGISTRAR'S SIGNATURE <u>J-B Raster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - GARROLL 1600 NATURAL BRIDGE AVE			

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Ben Hoffmann*

Licensed Embalmer No. *4366*

P. O. Address *St Louis, Mo*

**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.