

42848

STANDARD CERTIFICATE OF DEATH

State File No. 10528

No. 300
10.48

BIRTH NO. REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10528

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) 53 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2149			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			f. STREET ADDRESS (If rural, give location) 5533 Murdock Av			
3. NAME OF DECEASED a. (First) FRANK b. (Middle) ZAVIER c. (Last) SLIVKA			4. DATE OF DEATH DEC 9 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 3 1900		9. AGE (In years last birthday) 50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Profesional Engineer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Carlinville Ill		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME Joseph Slivka		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mabel Slivka			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mabel Slivka 5533 Murdock Av			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 17 mos
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			2 years
		Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis			

19a. DATE OF OPERATION none	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"/>	21f. HOW DID INJURY OCCUR? <i>4/4/50 X</i>			

22. I hereby certify that I attended the deceased from OCT 17 1950, to DEC 9 1950, that I last saw the deceased alive on Dec 9, 1950, and that death occurred at 5:25p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John B. Shapleigh M.D.		23b. ADDRESS 600 S. Kingshighway, St. Louis		23c. DATE SIGNED 12/10/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/13/50	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis Mo.		

DATE REC'D BY LOCAL REG. 11 1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mydell F. neral Home 1926 Allen Av		
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(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 me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Dele A. Tramm

Licensed Embalmer No. 4533

P. O. Address J. Jones

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.