

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

25007

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

6058

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 23	
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hosp		d. STREET ADDRESS (If rural, give location) 2016 So 11 St	
3. NAME OF DECEASED (Type or Print) Thomas		a. (First) Thomas b. (Middle) c. (Last) Mihalovitz	
4. DATE OF DEATH (Month) (Day) (Year) 7 4 51		5. SEX male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Abt 1882		9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Romania		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Kosta Mihalovitz		13b. MOTHER'S MAIDEN NAME Katheria Kolenin	
14. NAME OF HUSBAND OR WIFE Helen Mihalovitz		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 Helen Mihalovitz	
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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary thrombosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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)	
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>H2O1</i>		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 <i>11:0 P. m.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>Patricia C. Rayler</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>7-7-51</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE <i>7-7-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>New St. Marcus</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>J. B. Lavater</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Moydell Funeral Home</i>		ADDRESS <i>1926 Allem</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

Amund

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  
and George J. Svoboda Jr.  
working under my personal supervision.

Student Embalmer No. 421

Signed George J. Svoboda Jr.  
Student Embalmer

Signed Paul A. Trauman

Licensed Embalmer No. 4537

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.