

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

25144
6853

State File No.

Registrar's No.

No. 300
10.48

FILED AUG 15 1951

BIRTH NO. _____		REG. DIST. NO. 518		PRIMARY REG. DIST. NO. 1003		Registrar's 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, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2289		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				STREET ADDRESS No home		(If rural, give location)		
3. NAME OF DECEASED (Type or Print) JOHN			a. (First)		b. (Middle)		c. (Last) PUSKAR	
4. DATE OF DEATH		(Month) JULY		(Day) 13		(Year) 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH July 18, 1897		
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HR. Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Hungary		
12. CITIZEN OF WHAT COUNTRY? _____				13a. FATHER'S NAME William		13b. MOTHER'S MAIDEN NAME Catherine		
14. NAME OF HUSBAND OR WIFE _____				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		
17. INFORMANT'S SIGNATURE OR NAME Hospital Records				ADDRESS _____				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH		
		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 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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H16X				
22. I hereby certify that I attended the deceased from 6-27-51 , 19____, to 7-13-51 , 19____, that I last saw the deceased alive on 7-13-51 , 19____, and that death occurred at 12:50P. , from the causes and on the date stated above.								
23a. SIGNATURE John Puskar M.D.				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 7-14-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE AUG 1 1951		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) _____ (State) _____		
DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE AUG 1 1951 J.B. Puskar		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.				ADDRESS _____		

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.....

Licensed Embalmer No.....

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.