

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25574

BIRTH NO. _____ REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2675

1. PLACE OF DEATH a. COUNTY ST. LOUIS 4002		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MO. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AFTON 4820	
c. LENGTH OF STAY (in this place) 4 DAYS		d. STREET ADDRESS (If rural, give location) 7909 GENESTA	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSP			
3. NAME OF DECEASED a. (First) John b. (Middle) c. (Last) Hevitz			4. DATE OF DEATH (Month) (Day) (Year) 7-15-51
5. SEX M.D	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. & C	8. DATE OF BIRTH Nov. 18, 1882
9. AGE (In years last birthday) 68		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE MAKER	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) HUNGARY 8		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ALEXANDER HEVIZY		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE JULIA HEVIZY		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARIE BOESE 7909 GENESTA	
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	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PORTAL CIRRHOSIS LIVER			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 5810A			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY TBC, LEFT UPPER LOBE PNEUMONIA			
19a. DATE OF OPERATION		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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-15-1951, to 7-15-1951, that I last saw the deceased alive on 7-15-1951, and that death occurred at 10:15 AM., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Mauri Feldaker M.D.		23b. ADDRESS St. Louis County Hosp	
23c. DATE SIGNED 7/16/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7/17/51	
24c. NAME OF CEMETERY OR CREMATORY LAKEWOOD PARK GEN		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.	
DATE REC'D BY LOCAL REG. 7-17-51		REGISTRAR'S SIGNATURE Robert P. Ziegenhein	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L ZIEGENHEIN & SONS 7027 GRAVOIS			

(Licensed Embalmer's Statement on Reverse Side)

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

WRITE PLAINLY—USING UNFADING INK

as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
rise to the above cause (a) stating the underlying cause last.			
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)		23b. ADDRESS	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/17/51	
24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE J L Ziegenhein & Sons 7027 Gravois	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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.

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. Student Embalmer No.

Signed.....
Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

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.