

5. No. 300
10. 48

STANDARD CERTIFICATE OF DEATH

5523

State File No.

FEB 18 1952

0500
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5594 Registrar's No. 11

| | | | | | |
|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u> | | |
| b. CITY OR TOWN <u>RURAL-MERAMEC</u> | | c. LENGTH OF STAY (In this place) <u>4 1/2 - 3 mos</u> | c. CITY OR TOWN <u>PACIFIC Meramec</u> | | d. STREET ADDRESS (If rural, give location) <u>R. 7. D. #1</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hill Infirmary</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 3 1952</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> | | b. (Middle) <u>XAVICH</u> | c. (Last) | | 5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u> |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | | 8. DATE OF BIRTH <u>MAY 27, 1872</u> | 9. AGE (In years last birthday) <u>79</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u> | 11. BIRTHPLACE (State or foreign country) <u>LOUISVILLE - KY.</u> |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>MICHAEL KAVICH</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>STANISLAE WIECZOREK</u> | | 14. NAME OF HUSBAND OR WIFE <u>SINGLE</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Brother Ruth - St. Joseph's Hill Inf</u> | | ADDRESS <u>EUROPA - MO.</u> | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL-ARTERIO-SCLEROTIC</u> DUE TO (c) <u>CARDIO-VASCULAR DISEASE</u> 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 <u>4221</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) |
| 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 <u>10/25</u> , 19 <u>47</u> , to <u>2/1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2/1</u> , 19 <u>52</u> , and that death occurred at <u>6:45 A.M.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | | | 23b. ADDRESS <u>NORMANDY, 4323 ROLAND DRIVE - MO -</u> | | 23c. DATE SIGNED <u>2/3/52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>2/5/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Hill Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>EUROPA MO</u> | 24e. FUNERAL HOME'S SIGNATURE <u>[Signature]</u> ADDRESS <u>House Springs, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>Feb 9 - 52</u> | | REGISTRAR'S SIGNATURE <u>Ruth Jirsa</u> 438 | | 25. FUNERAL HOME'S SIGNATURE <u>[Signature]</u> ADDRESS <u>House Springs, Mo.</u> | |

APR 11 1952

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 2-11-52

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John M. Brimmer

Licensed Embalmer No. *1470*

P. O. Address *House Springs 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.