

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22478  
5328

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>5328</b>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2159</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>15 4003 Eichelberger Ave.</b>		
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		(Month) (Day) (Year)
a. (First) <b>VIOLA</b>		b. (Middle) <b>M.</b>		c. (Last) <b>PAVLIK</b>
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>
8. DATE OF BIRTH <b>Aug. 17, 1902</b>		9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Frank Bosek</b>		
13b. MOTHER'S MAIDEN NAME <b>Nettie Tockstein</b>		14. NAME OF HUSBAND OR WIFE <b>William A. Pavlik (Dec'd)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Frank Pavlik 4003 Eichelberger</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Breast Metastasis</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b> 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 <b>Radical Mastectomy 4 yrs ago</b>		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>170X</b>
22. I hereby certify that I attended the deceased from <b>2/18</b> , 19 <b>52</b> , to <b>6/9</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>6/9/52</b> , 19 <b>52</b> , and that death occurred at <b>3:10 P</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Wm C Schopp MD</b>		23b. ADDRESS <b>505 Humboldt Pl</b>		23c. DATE SIGNED <b>6/10/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 13, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUN 10 1952</b>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		

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 William A White

Licensed Embalmer No. 4291

P. O. Address 4228 E. Highland

**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.