

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

45057

State File No.

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11731**

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) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 20 59						
d. FULL NAME OF HOSPITAL OR INSTITUTION 6233 NORTHWOOD				d. STREET ADDRESS (If rural, give location) 5 6233 NORTHWOOD						
3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Jr c. (Last) Rovics			4. DATE OF DEATH (Month) (Day) (Year) 12-19-52							
5. SEX MALE	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Apr 13, 1883		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retail Dept. Store		11. BIRTHPLACE (State or foreign country) New York N.Y 1		12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME DAVID ROVICS			13b. MOTHER'S MAIDEN NAME BERTHA ROVICS		14. NAME OF HUSBAND OR WIFE Gussie					
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. UNK		17. INFORMANT'S SIGNATURE OR NAME Mrs. Gussie Rovics					ADDRESS 6233 NORTHWOOD	
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) Hypertensive Cardiovascular Dis. INTERVAL BETWEEN ONSET AND DEATH 3 yrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 4 yrs. 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 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 443x						
22. I hereby certify that I attended the deceased from 10/82 to 10/49 , to 12/19, 1952 , that I last saw the deceased alive on 12/19, 1952 , and that death occurred at 4:20 p.m. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Arthur E. Stapp M.D.				23b. ADDRESS 539 N. Grand Ave.			23c. DATE SIGNED 12/20/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE 12/21/52		24c. NAME OF CEMETERY OR CREMATORY Birch Avenue		24d. LOCATION (City, town, or county) (State) UNIVERSITY CITY MO				
DATE REC'D BY LOCAL REG. DEC 22 1952		REGISTRAR'S SIGNATURE J. C. Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Becky Mennel 4715 The Plaza					

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

James J. Anderson
.....
Licensed Embalmer No. *4289*

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.