

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

**7833**

State File No. ....

**1985**

**FILED MAR 11 1953**

BIRTH NO. ....		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. ....
<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>St. Louis, Mo.</u>		a. STATE <u>Mo.</u> b. COUNTY .....		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> <b>2069</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Faith Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5636 a Hebert St.</u>		
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)	
a. (First) <u>Celine</u> b. (Middle) <u>Pavelka.</u> c. (Last) .....			Feb. 13, 1953.	
<b>5. SEX</b> / <u>F</u>		<b>6. COLOR OR RACE</b> <u>W</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <u>Married</u>
<b>8. DATE OF BIRTH</b> <u>Aug. 28, 1899.</u>		<b>9. AGE</b> (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> .....		<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Louis, Mo.</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> .....		<b>13a. FATHER'S NAME</b> <u>Robert Hickey</u>		
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Celine Vallett</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Joseph Pavelka.</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None.</u>		<b>16. SOCIAL SECURITY NO.</b> .....		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Joseph Pavelka</u>
<b>18. CAUSE OF DEATH</b> 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>		<b>17. ADDRESS</b> <u>5636 a Hebert St.</u>		
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>ANTECEDENT CAUSES</b> <u>Cerebellar Apoplexy</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) .....		<b>INTERVAL BETWEEN ONSET AND DEATH</b> .....		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. .....		<b>DUE TO (c)</b> .....		
<b>19a. DATE OF OPERATION</b> .....		<b>19b. MAJOR FINDINGS OF OPERATION</b> .....		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) .....		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) .....		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> .....
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) .....		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <u>334X</u>
<b>22. I hereby certify that I attended the deceased from</b> <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>2:15 A.M.</u> , from the causes and on the date stated above.				
<b>23a. SIGNATURE</b> <u>Patrick E Taylor MD</u> (Degree or title)		<b>23b. ADDRESS</b> <u>1300 Clark</u>		<b>23c. DATE SIGNED</b> <u>2 20 53</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Feb. 21, 1953.</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary Cemetery</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis, Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>J. Quinn</u> <b>ADDRESS</b> <u>1389 Union Blv.</u>		
<b>DATE REC'D BY LOCAL REG.</b> <u>FEB 20 1953</u>		<b>REGISTRAR'S SIGNATURE</b> <u>J. Carl Smith MD</u>		<b>(Licensed Embalmer's Signature on Reverse Side)</b>

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

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**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. 4360

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.