

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20332

State File No. \_\_\_\_\_

FILED MAY 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1293</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bel-Ridge</u>		c. CITY OR TOWN <u>Bel-Ridge</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>Unit</u>		e. STREET ADDRESS (If rural, give location) <u>8817 Kendale Drive</u>		f. CITY OR TOWN <u>Bel-Ridge</u>		g. STREET ADDRESS (If rural, give location) <u>8817 Kendale Drive</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Barbara</u>			b. (Middle) <u>Morak</u>			c. (Last) <u>Morak</u>	
6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			8. DATE OF BIRTH <u>About 1869</u>	
9. AGE (In years last birthday) <u>Abt 84</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Jugoslavia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S</u>			13a. FATHER'S NAME <u>Frank Luch</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Frank (Deceased)</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>Joseph Morak</u>			18. CAUSE OF DEATH			19. ADDRESS <u>8817 Kendale Drive</u>	
18. CAUSE OF DEATH			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hepato sclerosis</u>			<u>2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES			<u>2 1/2 yrs</u>	
			Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
			DUE TO (b) <u>arterio sclerosis</u>				
			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)			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>March 5, 1953</u> , to <u>May 7, 1953</u> , that I last saw the deceased alive on <u>April 20, 1953</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Miss. Jost m. S.</u>			23b. ADDRESS <u>6000 W. Flourissant</u>			23c. DATE SIGNED <u>5-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>5/9/53</u>			24c. NAME OF CEMETERY OR CREMATORY <u>S S Peter &amp; Paul Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis Missouri</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Moydell Funeral Home</u>			ADDRESS <u>1926 Allen Av</u>	
DATE REC'D BY LOCAL REG. <u>5-8-53</u>			REGISTRARS SIGNATURE <u>Hackett &amp; Danaher</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Moydell Funeral Home</u>	
						ADDRESS <u>1926 Allen Av</u>	

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

1000  
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C just  
6000 W. Flourissant

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.....  
Signature of Student Embalmer

Signed *John S. Demmer*  
Licensed Embalmer No. *419*  
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.