

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 28 1953

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1316</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS COUNTY</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFF. BRKS. MO.</u> c. LENGTH OF STAY (In this place) <u>5 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET. ADM. HOSP.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>ST. ANN</u> d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) <u>Anthony (Tony) P. NOVICK</u> a. (First) <u>Anthony</u> b. (Middle) <u>P.</u> c. (Last) <u>NOVICK</u>			4. DATE OF DEATH <u>5/10/53</u> (Month) (Day) (Year)				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8/13/15</u>	9. AGE (In years last birthday) <u>37 yrs.</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steel Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>RADOM, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>PETER NOVICK</u>			13b. MOTHER'S MAIDEN NAME <u>CECELIA BARCZESKI</u>		14. NAME OF HUSBAND OR WIFE <u>CATHERINE NOVICK</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>V. A. HOSPITAL RECORDS</u> ADDRESS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF THE LUNG</u>		II. OTHER SIGNIFICANT CONDITIONS					
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
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) <u>NONE</u>		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) <u>V.A.</u>		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>5/5</u> , 19 <u>53</u> , to <u>5/10</u> , 19 <u>53</u> , and that death occurred at <u>9:10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Kan L. Lulline</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>V.A. HOSPITAL JEFF. BRKS. MO.</u>		23c. DATE SIGNED <u>5/10/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/13/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Donahue</u> ADDRESS <u>10133 St. Charles</u>					
DATE REC'D BY LOCAL REG. <u>5-11-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u>		FUNDING AGENCY <u>Polliers Funeral Home</u>			

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

JUN 26 1956
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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.....
Signature of Student Embalmer

Signed *Sheldon Collier*

Licensed Embalmer No. *338*

P. O. Address *10123 876*

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.