

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>500</u> | | Registrar's No. <u>2216</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Belridge</u> | | c. LENGTH OF STAY (in this place) <u>5 yrs</u> | | c. CITY OR TOWN <u>Belridge</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8817 Kendale Drive</u> | | | | e. STREET ADDRESS (If rural, give location) <u>8817 Kendale Drive</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Joseph</u> | | b. (Middle) <u>J</u> | | c. (Last) <u>Morak</u> | |
| 4. DATE OF DEATH | | (Month) <u>Sept</u> | | (Day) <u>22</u> | | (Year) <u>1955</u> | |
| 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>March 11 1894</u> | |
| 9. AGE (In years last birthday) <u>61</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Tailor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Tailoring</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Joglsavia</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> | | 13a. FATHER'S NAME <u>Frank Morak</u> | | 13b. MOTHER'S MAIDEN NAME <u>Barbara Luch</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>Unk.</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Morak</u> ADDRESS <u>8817 Kendale Drive</u> | | | |
| 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) <u>Diabetes Mellitus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertension</u> 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. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u> <u>10 yrs</u> | |
| 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 checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | | | |
| 22. I hereby certify that I attended the deceased from <u>June 1947</u> , to <u>9-22-1955</u> , that I last saw the deceased alive on <u>9-15, 1955</u> , and that death occurred at <u>9 A m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Hermon J. Clark M.D.</u> | | | | 23b. ADDRESS <u>9621 B. Ballou Rd</u> | | 23c. DATE SIGNED <u>9-23-55</u> | |
| 24a. DATE REC'D BY LOCAL REG. <u>9-23-55</u> | | 24b. DATE <u>9/26/55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>S S Peter & Paul Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>St Louis Missouri</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Douba M.D.</u> | | | | 25. FUNERAL DIRECTOR'S ADDRESS <u>Moydell Funeral Home 1926 Allen Av</u> | | | |

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.....
Signature of Student Embalmer

Signed *Reinhold K. Lehman*

Licensed Embalmer No. *339*

P. O. Address *St Louis 4*

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.