

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15591**
Registrar's No. **982**

FILED APR 29 1957

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **543**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings		c. CITY OR TOWN Jennings	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7045 Lena Avenue, 20		e. STREET ADDRESS (If rural, give location) 7045 Lena Avenue, 20,	

3. NAME OF DECEASED (Type or Print)	a. (First) ELIZABETH	b. (Middle)	c. (Last) NOVAK	4. DATE OF DEATH (Month) (Day) (Year) April 12th, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 19th, 1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Austria-Hungary	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Engi	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Late Peter Novak
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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. None	17. INFORMANT'S SIGNATURE OR NAME Peter Novak	ADDRESS 7045 Lena Avenue, Jennings, 20
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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		INTERVAL BETWEEN ONSET AND DEATH 6 hrs 4-5 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease 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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Mar 18 1952**, to **April 1957**, that I last saw the deceased alive on **April 7, 1957**, and that death occurred at **3:50P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Anthony V. Brumback	23b. ADDRESS 3731 Goodfellow Blvd	23c. DATE SIGNED 4/13/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/16/57	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. 4-15-57	REGISTRAR'S SIGNATURE Herbert R. Donahue	Funeral Director's Signature ALVIN F. FEUTG	ADDRESS 4828 Natural Bridge Blvd., FURNERAL HOME, INC., St. Louis, 15, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
v. 10. 48

Leave at Information desk
Faith Hospital, Dr. will be in
between 10 and 11AM Sat.
File in County

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 *Ralph L. Jones*.....

Licensed Embalmer No. 4225

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.