

FILED DEC 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **46097'**
11894

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

| | | | | | |
|--|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS MO | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN ST. LOUIS | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS Hosp. | | e. STREET ADDRESS (If rural, give location) 2241 3016 TEXAS | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) J. c. (Last) MARIK SR. | | | 4. DATE OF DEATH (Month) (Day) (Year) DEC. 9 1957 | | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | |
| 8. DATE OF BIRTH MAY 3 1868 | | 9. AGE (In years last birthday) 89 | | 10. IF UNDER 1 YEAR Months Days | |
| 11. IF UNDER 1 WRS. Hours Min. | | 11. BIRTHPLACE (City and State or Foreign Country) GZECHO SLOVAKIA | | 12. CITIZEN OF WHAT COUNTRY? U-5-A | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED | | 10b. KIND OF BUSINESS OR INDUSTRY | | 13a. FATHER'S NAME WILLIAM MARIK | |
| 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE JOSEPHINE MARIK (DEC) | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME WILLIAM MARIK JR ADDRESS 5211 POTOMAC | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Distention | | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis | | | 2 yrs. |
| | | DUE TO (c) Ch. Prostatitis | | | 2 yrs. |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility | | | |
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? Y YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | | 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) None | | 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 2 P.M. , 1957, to Dec. 9 , 1957, that I last saw the deceased alive on Dec. 8 , 1957, and that death occurred at 2 P.M. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Geo Calambokidis MD | | 23b. ADDRESS 1767 Leavis at 18th Mo | | 23c. DATE SIGNED 12-11-57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE DEC. 14 1957 | | 24c. NAME OF CEMETERY OR CREMATORY RESURRECTION | |
| 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO | | 25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Leavis | | | |
| DATE REC'D. BY LOCAL REG. DEC 11 1957 | | REGISTRAR'S SIGNATURE J. Carl Smith MD | | | |

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..... *Leopold Budde*
Licensed Embalmer No. *398*
P. O. Address *St. Louis, Mo.*

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.