

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008053

STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 418

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, give TOWNSHIP only) OR TOWN Clayton		c. CITY OR TOWN Pine Lawn	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE DOA County Hospt.		d. STREET ADDRESS (If outside, give location) 41 Blakemore Pl.	
Length of stay in 1b DOA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) George B Facik			4. DATE OF DEATH 2-8-58		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 10 1912	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photographer		10b. KIND OF BUSINESS OR INDUSTRY Newspaper		11. BIRTHPLACE (City and state or country) New York	
13. FATHER'S NAME Peter Facik			14. MOTHER'S MAIDEN NAME Unk.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No *****		16. SOCIAL SECURITY NO. 069 10 9721		17. INFORMANT Address Virginia Facik 41 Blakemore Pl.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) natural causes		INTERVAL BETWEEN ONSET AND DEATH 7954
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (I) (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 2:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Herbert R. Domke, M.D., Local Registrar			22b. ADDRESS 651 S. Brentwood, Clayton, Mo.		22c. DATE SIGNED 2/14/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-12-58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI
24. FUNERAL DIRECTOR J. W. CLARK F. H. 1125 HODIAMONT AVE			25. DATE RECD. BY LOCAL REG. 2-11-58	26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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JN

MAR 10 1958

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.....
Licensed Embalmer No. 2

P. O. Address 11257

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.