

FILED APR 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012129

STATE FILE NUMBER
3546

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 3546

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, give TOWNSHIP only) OR TOWN St Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Length of stay in 1b 3 DYS	d. STREET ADDRESS (If outside, give location) 2910 Allen Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Michael Parashak (Paraschake)			4. DATE OF DEATH Month Day Year March 27 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 24 1878	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead	11. BIRTHPLACE (City and state or country) Austria		12. CITIZEN OF WHAT COUNTRY? U S
13a. FATHER'S NAME John Parashak		13b. MOTHER'S MAIDEN NAME Mary Kolke		14. NAME OF HUSBAND OR WIFE Anna (Deceased)	
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.		17. INFORMANT Address Peter Parashak 2910 Allen Ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial failure</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3.4 day</i>
DUE TO (b) <i>Arteriosclerotic heart disease</i>					
DUE TO (c) <i>Senescent Infirmitie of old age</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) 420.0		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <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 <i>Jan 1951</i> to <i>3/27/58</i> and last saw her alive on <i>3/27/58</i> Death occurred at <i>9:30 p.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Paul Schreiber</i> (Degree or title)		22b. ADDRESS <i>5208 Chippewa</i>		22c. DATE SIGNED <i>3/28/58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/31/58	23c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		23d. LOCATION (City, town, or county) (State) St Louis 23 Mo.
24. FUNERAL DIRECTOR ADDRESS Moydell Funeral Home 1926 Allen			25. DATE RECD. BY LOCAL REG. MAR 28 '58	26. REGISTRAR'S SIGNATURE <i>Charles Smith mo</i> <i>mjs</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed George Svoboda.....

Licensed Embalmer No. 4899.....
P. O. Address 1926 Allen.....

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.