

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016252

STATE FILE NUMBER

FILED APR 23 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3753**

300  
1-57

|   |                                  |   |  |  |   |
|---|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>  |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>St. Louis</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis City Hospital # 1</b>   |                                  | Length of stay in the <b>53 Yrs.</b>  | STREET ADDRESS (If outside, give location) <b>2011 Pestajozzi St.</b>  |  | Reside on Farm<br><input type="checkbox"/> No <input checked="" type="checkbox"/>                             |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Stanley</b> Middle Last <b>Novinsky</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>March</b> Day <b>30</b> Year <b>1958</b>  |  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>January 8, 1885</b>   |  | 9. AGE (In years last birthday) <b>73</b><br>IF UNDER 1 YEAR<br>Months Days<br>IF UNDER 24 HRS.<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Ret. Shoe Worker</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Factory</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>Russia 6</b>              |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |                                  |   | 13a. FATHER'S NAME<br><b>Anthony Novinsky</b>  |  |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |                                  |   | 14. NAME OF HUSBAND OR WIFE  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |                                  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT<br><b>Oscar G. Schaefer</b> Address <b>Civil Courts Bldg</b> |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b><br>DUE TO (b) <b>Cerebral arteriosclerosis</b><br>DUE TO (c) <b>3314</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Three weeks</b>  |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |                                  |   | 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>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 <b>Mar. 7, 1958</b> to <b>Mar. 30, 1958</b> and last saw <sup>her</sup> <del>him</del> alive on <b>Mar. 30, 1958</b><br>Death occurred at <b>6:10 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |  |   |
| 22a. SIGNATURE<br><b>Dr. Mullenbach M.D.</b> (Degree or title)  |                                  |   | 22b. ADDRESS<br><b>1515 Lafayette</b>  |  | 22c. DATE SIGNED<br><b>3/30/58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>4/5/58</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>Normandy Mo.</b>  |
| 24. FUNERAL DIRECTOR<br><b>Morrell Mortuary</b>   |                                  | ADDRESS<br><b>3710 No. Grand</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>APR 3 '58</b>                           | 26. REGISTRAR'S SIGNATURE<br><b>Paul Smith M.D.</b><br><i>mbs.</i>  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Loren C. Percy* .....

Licensed Embalmer No. *4094* .....

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.