

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023593
STATE FILE NUMBER

FILED JUN 27 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6320

S. 300
1-57
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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 25 St. Louis City Hospital			d. STREET ADDRESS (If outside, give location) 2237 1555 So Broadway		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Georgia Novak			4. DATE OF DEATH Month Day Year 6-19-58		
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 2-19-1921	9. AGE (In years at birthday) 37	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 if retired) at home		10b. KIND OF BUSINESS OR OCCUPATION at home	11. BIRTHPLACE (City and state or country) Kentucky		12. COUNTRY OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ray Nickels		13b. MOTHER'S MAIDEN NAME Callie Fugate		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN UNITED ARMED FORCES? (Yes, no, or unknown) (If yes, give War or dates of service) No		16. SECURITY NO. None		17. HOME ADDRESS Raymond Holmes 1555 So Broadway	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HEPATIC COMA</u> DUE TO (b) <u>LAENNEC'S CIRRHOSIS</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>NONE</u>					INTERVAL BETWEEN ONSET AND DEATH <u>ONE MONTH</u> <u>UNKNOWN</u>
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.) <u>5811</u>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>5-20-58</u> to <u>6-19-58</u> and last saw him alive on <u>6-19-58</u> Death occurred at <u>11:10a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Daniel I. Mullally M.D.</u>			22b. ADDRESS <u>1515 Lafayette</u>		22c. DATE SIGNED <u>6-19-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE OF BURIAL, CREMATION, OR REMOVAL		23c. NAME OF FUNERAL HOME OR CEMETERY	
<u>Removal</u>		<u>6-23-1958</u>		<u>Friedens E&R Cem.</u>	
23d. LOCATION (City, town, or county)		23e. (State)			
<u>St Louis MO.</u>		<u>MO.</u>			
24. FUNERAL DIRECTOR <u>Wingbermuehle 3819 So Grand Blvd</u>			25. DATE RECD. BY LOCAL REG. <u>JUN 23 '58</u>		26. REGISTRAR'S SIGNATURE <u>Karl Smith MO</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Gregory J. Imperandi*

Licensed Embalmer No. *4611*

P. O. Address *Ham 18*

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.