

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038515
STATE FILE NUMBER

FILED OCT 27 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2679

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fenton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fenton</u> <u>4000</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>632 Gravois Rd.</u>		Length of stay in lb <u>30Yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>632 Gravois Rd.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Maximillion J. Slavik</u>			4. DATE OF DEATH Month Day Year <u>Oct. 17, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 10, 1898</u>
9. AGE (In years last birthday) <u>60</u>		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) <u>Radio Repair</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-Employed</u>	11. BIRTHPLACE (City and state or country) <u>Jefferson County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Albert Slavik</u>	
13b. MOTHER'S MAIDEN NAME <u>Chott</u>		14. NAME OF HUSBAND OR WIFE <u>Estelle M. Slavik</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War One</u>		16. SOCIAL SECURITY NO. <u>496-24-3884</u>	
17. INFORMANT <u>Mrs. Estelle M. Slavik, 632 Gravois Rd.</u>		Address <u>Fenton, Mo.</u>	
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>CORONARY THROMBOSIS (ANT INFARCT) (Eca 9-24-58)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 MONTH.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis - slight</u>			<u>IND E S</u>
DUE TO (c) <u>Epileptic form - seizure</u>			<u>- YEARS -</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			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.)	
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 <u>1948</u> , to <u>Oct 14, 1958</u> and last saw him alive on <u>14 OCTOBER, 1958</u> . Death occurred at <u>8 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <u>Dr. Lew W. Reiche O.S.</u>		22b. ADDRESS <u>Box 215 Fenton, Mo</u>	22c. DATE SIGNED <u>10/17/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10/18/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Patoka, Ill.</u>	23d. LOCATION (City, town, or county) (State) <u>Patoka, Ill.</u>
24. FUNERAL DIRECTOR <u>Pfitzinger</u>		ADDRESS <u>Mortuary, Kirkwood, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10-19-58</u>
26. REGISTRAR'S SIGNATURE <u>Herbert K. Donohue, M.P.</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Ben E. Hoffma*

Licensed Embalmer No. *4360*
P. O. Address *Haus Co.*

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.