

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007176

STATE FILE NUMBER

2 1460

FILED FEB 26 1959

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>325 N NEWSTEAD</b>		d. STREET ADDRESS (If outside, give location) <b>325 N. NEWSTEAD</b>	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>JOHN J HANTAK</b>			4. DATE OF DEATH Month Day Year <b>FEB 10 1959</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT 15 1886</b>		9. AGE (In years last birthday) <b>72</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAINTENANCE MAN</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>		
13a. FATHER'S NAME <b>JOHN HANTAK</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>MARTHA HANTAK DECS</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT Address <b>MARIE BOSCH 5715 NOTTINGHAM</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Coronary Sclerosis</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)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter full details in PART II. If death occurred at home, give room number) <b>E934.046 Struck by torpedo on February 10th, 1959 at 2:20 am.</b>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year <b>2:20 2 10 59</b>		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.) <b>191 Home</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>St Louis MO</b>	

21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>440</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
27a. SIGNATURE (Physician or other person) <b>Dr. Tom Quinn</b>	27b. ADDRESS <b>1300 Clark</b>	27c. DATE SIGNED <b>2/11/59</b>

28a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>BURIAL</b>	28b. DATE <b>FEB 13 1959</b>	28c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>	28d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
29. FUNERAL DIRECTOR <b>Thomas Kutis</b>	ADDRESS <b>2906 Gravois</b>	25. DATE RECD. BY LOCAL REG. <b>FEB 11 '59</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eleanora Province

Licensed Embalmer No. 3403

P. O. Address Manila

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.