

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013864  
STATE FILE NUMBER

FILED APR 20 1959 Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 23

300  
-57

1. PLACE OF DEATH a. COUNTY Jefferson		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 Hillsboro		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedar Grove Nursing Home		d. STREET ADDRESS (If outside, give location) 2059 6024 Kingsbury	
3. NAME OF DECEASED (Type or print) First Middle Last OLGA URVATER		4. DATE OF DEATH Month Day Year APRIL 12, 1959	
5. SEX Female	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 Feb. 25, 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 60
11. BIRTHPLACE (City and state or country) Russia		12. CITIZEN OF WHAT COUNTRY? 6	
13a. FATHER'S NAME Cyril Krasnov		13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE Louis Urvater
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Michael Urvater 21 Lee Ave. Clayton Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 3 1/2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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 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.) 334x	
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 1957 to Apr 12 1959 and last saw her alive on Apr. 9 1959 Death occurred at 6:15 A.M. on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE John W. Deaker MD		22b. ADDRESS 740 S. 4th St. Louis	22c. DATE SIGNED 4-13-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/14/59	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
		23d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
24. FUNERAL DIRECTOR Herman Rindskopf Inc. 5216 Delmar		25. DATE RECD. BY LOCAL REG. 4/14/59	26. REGISTRAR'S SIGNATURE Oleta Rindskopf, Dep

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

APR 17 1939

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 *Peter B. Dubrouille*

Licensed Embalmer No. *3691*

P. O. Address *Stuyvesant*

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.