

PURE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038514

FILED VS NOV 16 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2992 STATE FILE NUMBER

UNRECORDED

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>CONCORD VILLAGE</u>		Length of stay in 1b <u>2 WKS</u>		c. CITY OR TOWN <u>AFETON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10,100 CAROLYNNE DR</u>				d. STREET ADDRESS (If outside, give location) <u>8919 KIDDER DR</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>J.</u> Last <u>POKREFKE</u>				4. DATE OF DEATH Month <u>NOV.</u> Day <u>9</u> Year <u>1959</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>MAY 2 - 1886</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STEAM FITTER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION WORK</u>		11. BIRTHPLACE (City and state or country) <u>ST LOUIS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>AUGUST POKREFKE</u>			13b. MOTHER'S MAIDEN NAME <u>MARY BERNELL</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA POKREFKE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT <u>MRS ANNA POKREFKE</u>			Address <u>8919 KIDDER DR AFETON 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>Uremia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
DUE TO (b) <u>Prostatic Hypertrophy</u>							<u>6 mon.</u>
DUE TO (c) <u>+</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis, generalized</u>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>						
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 <u>1951</u> to <u>11-9-59</u> and last saw her/him alive on <u>11-8-1959</u> Death occurred at <u>9 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Guenele H. Godelle M.D.</u>				22b. ADDRESS <u>4971 Chippewa St</u>		22c. DATE SIGNED <u>11-11-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>NOV. 13 - 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY Cem.</u>		23d. LOCATION (City, town, or county) <u>ST LOUIS</u>		23e. (State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>FEY FUNERAL HOME MEHLVILLE Mo</u>				25. DATE RECD. BY LOCAL REG. <u>11-11-59</u>		26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis

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.