

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-009160

FILED VS MAR 3 1960

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 443 STATE FILE NUMBER

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY St. Louis   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Clayton                                   | Length of stay in 1b<br>days                  | c. CITY OR TOWN Arnold  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION St. Louis County Hospital       |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br>Box 53, Bender Lane<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Julia Middle AVOCZKIY Last Avocziy                                |   | 4. DATE OF DEATH<br>Month Feb. Day 10, Year 1960  |  |
| 5. SEX female  | 6. COLOR OR RACE white                        | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6-15-1890   |
| 9. AGE (last birthday) 69  |   | IF UNDER 1 YEAR<br>Months 7 Days 25   | IF UNDER 24 HR<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>housewife       | 10b. KIND OF BUSINESS OR INDUSTRY<br>own home | 11. BIRTHPLACE (City and state or country)<br>Hungary   | 12. CITIZEN OF WHAT COUNTRY  |
| 13a. FATHER'S NAME<br>unknown Gresser  |   | 13b. MOTHER'S MAIDEN NAME<br>unknown  | 14. NAME OF HUSBAND OR WIFE<br>Joseph Avocziy  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>no |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address  |

|   |            |                                  |
|---|------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Generalized Arteriosclerosis</i> |            | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) |                                  |
|   | DUE TO (c) |                                  |

|  |  |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><i>Arterial &amp; Arteriole Nephrosclerosis</i> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|--|--|

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|--|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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<br>Hour Month, Day, Year   |   |  |
| 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 2-8-60 to 2-10-60 and last saw her alive on 2-10-60  
Death occurred at 5:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

|  |   |                  |
|--|---|------------------|
| 22a. SIGNATURE (Degree or title)<br><i>Morris Lubon M.D.</i> | 22b. ADDRESS<br>6015 Brentwood, Clayton, Mo | 22c. DATE SIGNED |
|--|---|------------------|

|   |                      |  |   |
|---|----------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>burial | 23b. DATE<br>2-12-60 | 23c. NAME OF CEMETERY OR CREMATORY<br>Park Lawn Cemetery | 23d. LOCATION (City, town, or county) (State)<br>St. Louis County, Missouri |
|---|----------------------|--|---|

|   |   |   |
|---|---|---|
| 24. FUNERAL DIRECTOR<br>C. Hoffmeister Chapel, 781 1/2 South Broadway | 25. DATE RECD. BY LOCAL REG.<br>2-11-60 | 26. REGISTRAR'S SIGNATURE<br><i>John B. Murphy M.D.</i> |
|---|---|---|

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

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

Signed Linus C. Hoffman

Licensed Embalmer No. 387

P. O. Address 7814 S-12

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.