URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1960

60-009198

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 556

ENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton 23
Length of stay in 1b: 0 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hosp. D O A
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Affton 23
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 10,942 Vargas Dr.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOSEPH Middle T. Last PENSAK JR.

4. DATE OF DEATH: Month Feb. Day 17 Year 1960

5. SEX: M

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2/27/17

9. AGE (last birthday): 42

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BAKER

10b. KIND OF BUSINESS OR INDUSTRY: Chase Hotel

11. BIRTHPLACE (City and state or country): E. St. Louis, ILL.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph T Pensak Sr.

13b. MOTHER'S MAIDEN NAME: Mary Vrzal

14. NAME OF HUSBAND OR WIFE: Pauline Pensak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 327-03-1541

17. INFORMANT: Pauline Pensak Address: 10,942 Vargas Dr. 23

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple injuries, shock and internal hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Operator of car involved in 3 car collision

20c. TIME OF INJURY Hour 7:10 ~~A.M.~~ p.m. Month, Day, Year 2/17/60

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway

20f. CITY, TOWN, OR LOCATION: Rural COUNTY: St. Louis STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond Hart (Degree or title) Coroner

22b. ADDRESS: Clayton, Mo.

22c. DATE SIGNED: 2/24/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2/22/60

23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cem.

23d. LOCATION (City, town, or county) (State): St. Louis County Mo.

24. FUNERAL DIRECTOR: Fendler Und. Co. ADDRESS: 7420 Michigan 11

25. DATE RECD. BY LOCAL REG.: 2-20-60

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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_____ Signed W. G. Peterson

Signature of Student Embalmer

Licensed Embalmer No. 376

P. O. Address 7420 Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.