

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019883

FILED VS JUN 10 1960

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 66

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>CITY</u>					
b. CITY (If outside corporate limits, give TOWNSHIP) OR TOWN <u>RURAL ROCK TOWNSHIP</u>		Length of stay in lb <u>1 DAY</u>		c. CITY OR TOWN <u>ST LOUIS</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>HIGH RIDGE RR</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3606 S. BROADWAY</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>A.</u> Last <u>KORBELIK</u>				4. DATE OF DEATH Month <u>5</u> Day <u>31</u> Year <u>60</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>OCT 2-1900</u>	9. AGE (last birthday) <u>9</u>	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) <u>STUDENT</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JOS. KORBELIK</u>			13b. MOTHER'S MAIDEN NAME <u>DELORES SCHWARTZ</u>			14. NAME OF HUSBAND OR WIFE <u>NOT MARRIED</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>NONE</u>		17. INFORMANT <u>Jos. Korbelik 3606 So Broadway St Louis Mo</u>			Address	
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>DROWNING</u> 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) 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 checked="" 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.) <u>Fell FROM RAFT-</u>					
20c. TIME OF INJURY Hour <u>9:00</u> a.m. _____ p.m. _____ Month, Day, Year <u>5/31/60</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM POND</u>							
		20f. CITY, TOWN, OR LOCATION <u>MEERMAC TWP. JEFF. MO.</u>		COUNTY		STATE			
21. I attended the deceased from <u>Coroner's View</u> and last saw her alive on _____ Death occurred at <u>8:00 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>James C. Coronado M.D. Coroner</u>				22b. ADDRESS <u>Festus, MO.</u>		22c. DATE SIGNED <u>6/1/60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-2-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST JOHN'S CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>ROCK CREEK - MO.</u>				
24. FUNERAL DIRECTOR <u>Brimmer Funeral Home</u>		ADDRESS <u>House Spring - Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-2-60</u>		26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 7 1961

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 Herbert J. Gon Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22

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.