

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024822

FILED VS. JUL 12 1960

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6636

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4066 Concordia			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4066 Concordia		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) Stephan Novogratz				4. DATE OF DEATH Month June Day 29 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug. 8, 1888		9. AGE (last birthday) 71		IF UNDER 1 YEAR Months 10 Days 21		IF UNDER 24 HR Hours 21 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk			10b. KIND OF BUSINESS OR INDUSTRY Clints Market		11. BIRTHPLACE (City and state or country) Austria			12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Johan Novogratz				13b. MOTHER'S MAIDEN NAME Maria Haas				14. NAME OF HUSBAND OR WIFE Agnes					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 490-01-2838		17. INFORMANT Address Agnes Novogratz 4066 Concordia							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial Infarction										INTERVAL BETWEEN ONSET AND DEATH 2 hrs.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Arteriosclerotic Heart Disease		5 yrs.	
DUE TO (c) 4200													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic gastritis -								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 a.m. p.m.		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 March 1958 to June 1960 and last saw ^{her} him give on June 29, 1960 Death occurred at 8:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Robert M. Launch, M.D.						22b. ADDRESS 52 Maryland Plaza			22c. DATE SIGNED July 2, 1960				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 2, 1960		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.			23d. LOCATION (City, town or county) St. Louis, County, Mo.						
24. FUNERAL DIRECTOR Schumacher's 3013 Meramec St.						25. DATE RECD. BY LOCAL REG. JUN 30 1960		26. REGISTRAR'S SIGNATURE Loal Smith, M.D. mob					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

890010 11 AM

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

V E Morris

Licensed Embalmer No. 336

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.