Dept. Health, Ed., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

FILED VS JUL 22 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

-60-029167
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2012

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Normandy — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Normandy Osteopathic Hosp. — Length of stay in 1b 43 IDAY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St Louis
c. CITY OR TOWN Dellwood 4000 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1740 Emery — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Raymond Middle: Barnard Last: Pestka Jr

4. DATE OF DEATH Month 7 Day 1 Year 60

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ 6 DIVORCED ☐

8. DATE OF BIRTH 6-30-60

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days L — IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) Normandy, Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Raymond Barnard Pestka

13b. MOTHER'S MAIDEN NAME Beatrice Victoria Gibson

14. NAME OF HUSBAND OR WIFE —

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. —

17. INFORMANT Beatrice Pestka Address 1740 Emery

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Diagnos deferred
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)

INTERVAL BETWEEN ONSET AND DEATH

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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-30-60, to 7-1-60 and last saw ~~her~~ him alive on 7-1-60
Death occurred at 9:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Martyl N Richardson 2 Dr

22b. ADDRESS 9552 Lackland

22c. DATE SIGNED 7-1-60

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

23b. DATE 7-5-1960

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) St. Louis (State) Missouri

24. FUNERAL DIRECTOR Jos. W. Clark F.H. ADDRESS 1125 Modiamont

25. DATE RECD. BY LOCAL REG. 7-5-60

26. REGISTRAR'S SIGNATURE John C. Murphy M.A.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.