URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9853 STATE FILE NUMBER -60-040072

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri 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 ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis City Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3743 Laclede — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Raymond Middle A. Last Pavlock

4. DATE OF DEATH Month 10 Day 9 Year 60

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7-29-1895

9. AGE (last birthday) 65 — 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) Truckdrive

10b. KIND OF BUSINESS OR INDUSTRY Beverage

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

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

13a. FATHER'S NAME Walter

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE Josephine Pavlock 3742 Laclede

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes 9-21-17 to 5-16-19

16. SOCIAL SECURITY NO. 488-09-8404

17. INFORMANT Josephine Pavlock 3742 Laclede

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

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	GRAND MAL CONVULSION	IMMED.
DUE TO (b)	CEREBRAL CARDIO-VASCULAR DIS.	1 YEAR
DUE TO (c)	GENERALIZED ARTERIOSCLEROSIS	3+ YEARS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 422.1

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.)

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 Aug. 1, 1960, to Oct. 9, 1960 and last saw ~~her~~ him alive on Sept 22, 1960
Death occurred at October ~~Sept~~ 9, 1960, 11:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edw A Schmidt, M.D.

22b. ADDRESS 6500 Chippewa, St. Louis

22c. DATE SIGNED 10/11/60

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

23b. DATE 10-12-60

23c. NAME OF CEMETERY OR CREMATORY National

23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR ADDRESS ST. LOUIS FUNERAL HOME 2205 St. Louis Ave.

25. DATE RECD. BY LOCAL REG. OCT 11 1960

26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Stanley H. Sim

Licensed Embalmer No. 41

P. O. Address St. Lou

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