SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-015806
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 996

FILED APR 24 1961

1. PLACE OF DEATH
a. COUNTY St. Louis County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION (D.O.A.) St. Louis Co. Hospital 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 HILLSDALE St. Louis Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2128 Cherry Ave. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EUGENE Middle L. Last BAKULA
4. DATE OF DEATH Month APRIL Day 9 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/13/1959
9. AGE (last birthday) 2 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) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Louis Bakula
13b. MOTHER'S MAIDEN NAME Doloris Straussner
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ********
16. SOCIAL SECURITY NO. None
17. INFORMANT Louis Bakula Address 2128 Cherry Ave.

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) Unknown Natural Causes
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.)
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 ____, to ____ and last saw her/him alive on ____
Death occurred at 6:22P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John C. Murphy M.D. (Degree or title) John C. Murphy MD Asst. Health Commissioner
22b. ADDRESS 801 S. Brentwood Clayton
22c. DATE SIGNED 4/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 4/12/1961
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, Town, or county) St. Louis (State) Mo.
24. FUNERAL DIRECTOR John Stygar & Son ADDRESS 5541 Riverview Blvd.
25. DATE REC'D BY LOCAL REG. 4-11-61
26. REGISTRAR'S SIGNATURE John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J M Rister

Licensed Embalmer No. 3980

P. O. Address St Louis Mo

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.