SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-019847

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1520

FILED JUN 6 1961

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Normandy — Length of stay in 1b: 2 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Normandy Ostep. Hosp. — 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: Florissant — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1356 North Florissant Rd. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHN Middle Last MATICH
4. DATE OF DEATH: Month May Day 30 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-28-1961
9. AGE (last birthday): ~~2 Days~~ — IF UNDER 1 YEAR: Months Days 2 — 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): Normandy Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Joseph Matich
13b. MOTHER'S MAIDEN NAME: Ruth Duly
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.: **********
17. INFORMANT: Joseph Matich — Address: 1356 N. Florissant

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hemorrhagic pneumonia ~~Deferred pending autopsy findings~~
INTERVAL BETWEEN ONSET AND DEATH: undetermined
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Intra Uterine Infection ~~Autopsy findings~~
DUE TO (c):

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

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 May 28 1961 to May 30 1961 and last saw her/him alive on May 29 1961
Death occurred at 13 A M m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): David L Sigler D.C.
22b. ADDRESS: 5738 N. Florissant
22c. DATE SIGNED: 5/31/61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 5/31/1961
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR — ADDRESS: JOHN STYGAR & SON — 5541 RIVERVIEW BLVD.
25. DATE RECD. BY LOCAL REG.: 5-31-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

18a	Hemorrhagic pneumonia	Deferred pending autopsy findings
18b	Intra Uterine infection	6-20-61

BY AFFIDAVIT OF attending physician DOCUMENT 6-20-61

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed J. W. Rister

Signature of Student Embalmer

Licensed Embalmer No. 3980

P. O. Address St. Louis, M

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