MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-022735
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5729

FILED JUN 29 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1808 S 9th Street
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St Louis
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1808 S 9th Street
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Reverend; Middle: John A.; Last: Hurcik

4. DATE OF DEATH: Month: June; Day: 17; Year: 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/19/91
9. AGE (last birthday): 70
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): Catholic Priest
10b. KIND OF BUSINESS OR INDUSTRY: Clergy
11. BIRTHPLACE (City and state or country): Bonne Terre Mo
12. CITIZEN OF WHAT COUNTRY: U S

13a. FATHER'S NAME: John Hurcik
13b. MOTHER'S MAIDEN NAME: Sue Czimar
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Sue Hurcik 1808 S 9th Street (Address)

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): Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterial Hypertension — 3 years
DUE TO (c): 443X

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 11-17 1957, to June 17 61 and last saw ~~her~~ him alive on 6-12-61
Death occurred at 6 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: B. J. McGinnis (Degree or title) MD
22b. ADDRESS: 16 Hampton Village Plaza
22c. DATE SIGNED: 6/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/20/61
23c. NAME OF CEMETERY OR CREMATORY: S S Peter & Paul Cem
23d. LOCATION (City, town, or county) (State): St Louis Missouri

24. FUNERAL DIRECTOR: Moydell Funeral Home
ADDRESS: 1926 Allen
25. DATE RECD. BY LOCAL REG.: JUN 20 1961
26. REGISTRAR'S SIGNATURE: Hart Smith, M.D.

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | 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 Hadley P. Foeller Jr

Licensed Embalmer No. 4950

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.