

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026823

STATE FILE NUMBER

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6389

FILED JUL 25 1961

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Louis</u> | | Length of stay in 1b | c. CITY OR TOWN <u>St Louis</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Enroute De Paul Hosp</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>4718 Anderson Ave</u> |
| 3. NAME OF DECEASED (Type or print) | | First <u>Peter</u> Middle <u>Gark</u> Last <u>Gark</u> | 4. DATE OF DEATH Month <u>July</u> Day <u>9</u> Year <u>1961</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>6/13/1900</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Parking Lot Owner</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Parking Lot</u> | 9. AGE (last birthday) <u>61</u> |
| 13a. FATHER'S NAME <u>Demo C Gark</u> | | 13b. MOTHER'S MAIDEN NAME <u>Natza Gark</u> | 11. BIRTHPLACE (City and state or country) <u>Serbia</u> |
| 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. | 12. CITIZEN OF WHAT COUNTRY <u>U S</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) <u>420.1</u> | | 14. NAME OF HUSBAND OR WIFE <u>Frances Ruprecht 4718 Anderson Av</u> | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>10 pm</u> Month, Day, Year <u>July 9 1961</u> | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 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 <u>00-1-1959</u> to <u>July 9 1961</u> and last saw <u>her</u> alive on <u>July 8 1961</u> Death occurred at <u>10 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED <u>7/10/61</u> | |
| 22a. SIGNATURE <u>L. J. Gavan M.D.</u> (Degree or title) | | 22b. ADDRESS <u>539 N. Grand St. St. Louis</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>7/12/61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Lemay 23 Mo</u> |
| 24. FUNERAL DIRECTOR <u>Moydell Funeral Home 1926 Allen</u> ADDRESS | | 25. DATE RECD. BY LOCAL REG. <u>JUL 10 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Road Smith, M.D.</u> |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Halley J. J. J. 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.