MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7656

61-031005
STATE FILE NUMBER

AMENDED

FILED AUG 23 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: 1 wk
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Alexian Bros. 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: Gardenville
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4951 Hummelshein
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Paul Middle: M Last: Novosal

4. DATE OF DEATH: Month: Aug. Day: 17 Year: 1961

5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan 15, 1889
9. AGE (last birthday): 72
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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: American Car & Foundry Co
11. BIRTHPLACE (City and state or country): Yugoslavia
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Michael Novosal
13b. MOTHER'S MAIDEN NAME: Magdalene ------
14. NAME OF HUSBAND OR WIFE: Eva M

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

17. INFORMANT: Address: Eva M. Novosal, 4951 Hummelshein

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): Cerebral Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis
DUE TO (c): 332A
INTERVAL BETWEEN ONSET AND DEATH: 4 days; Several years

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 March 30, 1960, to August 14, 1961 and last saw ~~her~~ him alive on August 16, 1961
Death occurred at 1:45 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Clement Sullivan (Degree or title) M.D.
22b. ADDRESS: 4161 Lindell St. Louis 8, Mo
22c. DATE SIGNED: 8/17/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/19/61
23c. NAME OF CEMETERY OR CREMATORY: SS. Peter & Paul
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: John L. Ziegenhein & Sons
ADDRESS: 7027 Gravois

25. DATE RECD. BY LOCAL REG.: AUG 17 1961

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.