

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037457

Registration District No.

160

Primary Registration District No.

3029

Registrar's No.

142

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

JEFFERSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN CRYSTAL CITY

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY JEFF.

c. CITY

OR TOWN

CRYSTAL CITY

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 203 Walnut St.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

203 WALNUT, ST.

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED (Type or print)

First

JULIA

Middle

BACHEK

Last

4. DATE OF DEATH

Month

Day

Year

11-7-61

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

2-16-1875

## 9. AGE (last birthday)

86

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WORK

## 10b. KIND OF BUSINESS OR INDUSTRY

OWN HOME

## 11. BIRTHPLACE (City and state or country)

CZECHOSLOVAKIA

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

MARTIN PILVEIN

## 13b. MOTHER'S MAIDEN NAME

UNKNOWN

## 14. NAME OF HUSBAND OR WIFE

## 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

Address

MRS WM. BURCH CRYSTAL CITY, MO.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Valvular Heart Disease

## INTERVAL BETWEEN ONSET AND DEATH

unk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

nephritis

unk

## DUE TO (c)

arteriosclerosis

unk

## 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 Feb 10-55 to Nov 7-61 and last saw her him alive on Nov 6-61

Death occurred at 10:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

11-10-61

## 23c. NAME OF CEMETERY OR CREMATORY

CATHOLIC CEMETERY

## 23d. LOCATION (City, town, or county)

CRYSTAL CITY, MO.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

GENTRY R. POLITTE CRYSTAL CITY, MO.

## 25. DATE RECD. BY LOCAL REG.

11-8-61

## 26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

**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

*Gentry R. Pelitto*

Licensed Embalmer No.

*3481*

P. O. Address

*Crystal City*

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.