

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039051

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10275 STATE FILE NUMBER

FILED NOV 10 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>17 days</u>	c. CITY OR TOWN <u>Canteen Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DePaul</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1345 N. 52nd. St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First STELLA Middle PALOVICK Last PALOVICK 4. DATE OF DEATH Month Nov. Day 3 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH 2-14-1917 9. AGE (last birthday) 44
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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and state or country) Madison, Illinois 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Kosta Bobeff 13b. MOTHER'S MAIDEN NAME Mary Jancarvich 14. NAME OF HUSBAND OR WIFE Jerry Palovick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. None 17. INFORMANT Jerry Palovick Address 1345 N. 52nd E. St. Louis, Ill

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Rheumatic Heart dis, mitral, aortic INTERVAL BETWEEN ONSET AND DEATH unk.

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

DUE TO (b) _____
DUE TO (c) 410x

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 July 8, 1961 to Nov 3 1961 and last saw her/him alive on Nov 2, 1961
Death occurred at 3:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wayne O. Borke M.D. (Degree or title) 22b. ADDRESS 100 N. Euclid 22c. DATE SIGNED 11-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Nov. 6, 1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel 23d. LOCATION (City, town, or county) (State) Belleville, Ill.

24. FUNERAL DIRECTOR Sedlack Bros. ADDRESS E. St. Louis, Ill. 25. DATE RECD. BY LOCAL REG. NOV 4 1961 26. REGISTRAR'S SIGNATURE Earl Smith M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Not Embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sedlack Bros. Funeral Home
By *Paul Sedlack* Pa

Licensed Embalmer No. _____

P. O. Address East 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.