SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-042482

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10928

FILED DEC 1 1961

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

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 HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Enroute City Hospital — 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): 2222 Gaines Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mary — Middle: — Last: Harvalik

4. DATE OF DEATH: Month: Nov — Day: 22 — Year: 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Widowed ☐ Never Married ☐ Divorced ☒

8. DATE OF BIRTH: 12/12/86

9. AGE (last birthday): 74 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (City and state or country): New York

12. CITIZEN OF WHAT COUNTRY: U S

13a. FATHER'S NAME: Alois Harvalik

13b. MOTHER'S MAIDEN NAME: Katherine Tusl

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 — Address: Frank C Harvalik 2136 Oregon

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): Myocardial Infarct, Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 P.

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

DUE TO (b): General Arterio-Sclerosis

DUE TO (c): — 420.1

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 Nov. 8. 1961 to November 22-61 and last saw her/him alive on Nov. 22-61

Death occurred at 3 30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Julius Chas Otter M.D.

22b. ADDRESS: 2603 Chewkee St.

22c. DATE SIGNED: NOV 24 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/25/61

23c. NAME OF CEMETERY OR CREMATORY: S S Peter & Paul Cem

23d. LOCATION (City, town, or county) (State): St Louis Missouri

24. FUNERAL DIRECTOR — ADDRESS: Moydell Funeral Home 1926 Allen

25. DATE RECD. BY LOCAL REG.: NOV 24 1961

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

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 F. Goeller 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.