SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1961

-61-042771
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10834

AMENDED

RATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSP #I
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3419 Alberta
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MAGDALENA Middle Last PAVLE

4. DATE OF DEATH: Month II Day 2I Year 6I

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH: 8-25-1883
9. AGE (last birthday): 78
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): At home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Yugoslavia
12. CITIZEN OF WHAT COUNTRY: Yugoslavia

13a. FATHER'S NAME: John Buda
13b. MOTHER'S MAIDEN NAME: Elizabeth Rist
14. NAME OF HUSBAND OR WIFE: deceased

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: Anna Roeslein Address: 3419 Alberta Ave.

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 Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c): 420.0
INTERVAL BETWEEN ONSET AND DEATH

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 II-19-6I, to II-2I-6I and last saw her/him alive on II-2I-6I
Death occurred at 5:00 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John McGonough MD.
22b. ADDRESS: 1515 LAFAYETTE AVE
22c. DATE SIGNED: II-2I-6I

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-24-1961
23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis Co.,Mo.

24. FUNERAL DIRECTOR: Wingbermuehle F.Home ADDRESS: 3819 S.Grand
25. DATE RECD. BY LOCAL REG.: NOV 21 1961
26. REGISTRAR'S SIGNATURE: Ford 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed [illegible]

Licensed Embalmer No. 1611

P. O. Address St. Louis 18

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.