

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046430

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 SL27326 Registrar's No. 11752 STATE FILE NUMBER

AMENDED

FILED DEC 27 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 4 HRS 35 MIN.	c. CITY OR TOWN EAST ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADM. ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3125 LOUISIANA BLVD. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOHN HORVATH			4. DATE OF DEATH Month Day Year DECEMBER 16 1961		
--	--	--	--	--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/20/09	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
----------------	---------------------------	---	-----------------------------	------------------------------	---	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKER	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) E. ST. LOUIS, ILL.	12. CITIZEN OF WHAT COUNTRY USA
--	--	--	------------------------------------

13a. FATHER'S NAME JOHN HORVATH	13b. MOTHER'S MAIDEN NAME ANNA SPERH	14. NAME OF HUSBAND OR WIFE MAMIE HORVATH
------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 12/15/43 TO 12/15/45	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT MAMIE HORVATH, SAME AS 2D	Address
--	------------------------------------	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) VENTRICULAR FIBRILLATION		
DUE TO (b) ACUTE MYOCARDIAL INFARCTION		
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.0		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.0
---	---	---

20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 12/16/61 to 12/16/61 and last saw him alive on 12/16/61		XX	
Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Theodor Goodfriend</i>	Degree or title MD	22b. ADDRESS VAH ST. LOUIS, MISSOURI	22c. DATE SIGNED 12/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 19, 1961	23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel	23d. LOCATION (City, town, or county) Belleville, Ill
---	---------------------------	--	--

24. FUNERAL DIRECTOR <i>Chas M. Busch</i>	ADDRESS East St. Louis	25. DATE RECD. BY LOCAL REG. 11 DEC 18 1961	26. REGISTRAR'S SIGNATURE <i>Lead Smith M.D.</i>
--	---------------------------	--	---

DATE AMENDED

INSTEAD OF

CLEARED THRU CORONERS OFFICE BY DR. GOLDMAN

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

DOCUMENT

OK

Keen & Taylor coroner 12-19-61

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 Oliver M. Burk

Licensed Embalmer No. 2421

P. O. Address East St. Louis, I

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.