SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-046490
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12211

FILED JAN 11 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: unknown
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ~~XXXXXXXXXXXXXXXXXX~~ D.O.A. City Hospital #1
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): 3705 Oak Hill
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First A/K/A Arthur Arthur; Middle Harold H.; Last Kaslick Kaslick

4. DATE OF DEATH: Month Dec.; Day 26; Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10/8/1884
9. AGE (last birthday): 77
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): Leather Cutter
10b. KIND OF BUSINESS OR INDUSTRY: Shoe
11. BIRTHPLACE (City and state or country): Grafton, Illinois
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Nicholas Kaslick
13b. MOTHER'S MAIDEN NAME: Uranice Journey
14. NAME OF HUSBAND OR WIFE: Pauline Kaslick-deceased

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.: yes
17. INFORMANT: Mrs. Frances Brickey
Address

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): Arterio Sclerotic Heart Disease;
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio Sclerosis,
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 _____ to _____ and last saw her/him alive on _____
Death occurred at 6 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Helen L. Taylor Coroner
22b. ADDRESS: 1300 Clark Ave.
22c. DATE SIGNED: 12-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/29/61
23c. NAME OF CEMETERY OR CREMATORY: New Picker Cemetery
23d. LOCATION (City, town, or county) (State): St Louis Mo

24. FUNERAL DIRECTOR: Hoffmeister Colonial Mortuary
ADDRESS
25. DATE RECD. BY LOCAL REG.: DEC 28 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

BY AFFIDAVIT OF

DOCUMENT

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 John L Demick

Licensed Embalmer No. 4194

P. O. Address St. Lou

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.