

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007974

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

Primary Registration District No. 1003

Registrar's No. 2278

STATE FILE NUMBER

AMENDED

Registration District No.

FILED MAR 7 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. Louis</b>		c. CITY OR TOWN <b>ST. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>INCARNATE WORD</b>		d. STREET ADDRESS (If outside, give location) <b>3324 HALLIDAY</b>	

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle Last <b>DORIATH</b>			4. DATE OF DEATH Month <b>Feb</b> Day <b>24</b> Year <b>1962</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT 27, 1895</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) <b>RETIRED MAINTENANCE MAN</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>YUGOSLAVIA</b>	12. CITIZEN OF WHAT COUNTRY <b>YUGOSLAVIA</b>
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13a. FATHER'S NAME <b>PAUL DORIATH</b>	13b. MOTHER'S MAIDEN NAME <b>ANNA LOSCHAISEN</b>	14. NAME OF HUSBAND OR WIFE <b>EVA DORIATH</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	17. INFORMANT <b>EVA DORIATH 3324 HALLIDAY</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>hours</b>
DUE TO (b) <b>arteriosclerotic heart-disease</b>		
DUE TO (c) <b>420.0H</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Carcinoma of lung. Exploratory thoracotomy 2/9/62</b>	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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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
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21. I attended the deceased from **12-18-61** to **FEB. 62** and last saw him alive on **2-23-62**  
Death occurred at **1:15 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Maximilian Weitman, M.D.</b>	22b. ADDRESS <b>3530 ARSENAL, St. Louis</b>	22c. DATE SIGNED <b>2-28-62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>Feb 27, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION Pk.</b>	23d. LOCATION (City, town, or county) (State) <b>ST. Louis Mo</b>
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24. FUNERAL DIRECTOR <b>Sharon Kulis 2906 Prairie</b>	25. DATE RECD. BY LOCAL REG. <b>2-26-1962</b>	26. REGISTRAR'S SIGNATURE <b>Loard Smith, M.D.</b>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DATE AMENDED  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

130 - 4322 daily

**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 Carl H. [Signature]

Licensed Embalmer No. 4861

P. O. Address Block 5, No. [unclear]

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.