

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020195

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4498** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 23 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 D.O.A.
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital 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) 110 So 4th St Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH BORAK 4. DATE OF DEATH Month Day Year April 16, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12/2/08 9. AGE (last birthday) 53 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) Unknown 10b. KIND OF BUSINESS OR INDUSTRY Unknown 11. BIRTHPLACE (City and state or country) Mo, U.S.A 12. CITIZEN OF WHAT COUNTRY _____

13a. FATHER'S NAME Frank Borak 13b. MOTHER'S MAIDEN NAME Mary Kavity 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT Address St Vincent de Paul 4140 Lindell

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Lobar Pneumonia, right;
 DUE TO (b) Cirrhosis of the liver.
 DUE TO (c) 581.0
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 _____ 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 Baron 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 5-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5/2/62 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St Louis Mo

24. FUNERAL DIRECTOR ADDRESS Carroll Kelly 7267 Natl Bldg 25. DATE RECD. BY LOCAL REG. MAY 2 1962 26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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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

Not Embalmed
Signed James D. Lammert
Licensed Embalmer No. 41142

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.