

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036795

STATE FILE NUMBER

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9220**

FILED SEP 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Length of stay in 1b <b>4 DAYS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILL.</b>		b. COUNTY <b>MADISON</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FIRMEN DESLOGE HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>313 PARADISE</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <b>NICK GEORGE TOVAN</b>			4. DATE OF DEATH Month Day Year <b>9 23 1962</b>			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>7-31-21 41</b>		9. AGE (last birthday) <b>41</b>		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) <b>RIGGER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>G. C. STEEL CO.</b>		11. BIRTHPLACE (City and state or country) <b>GRANITE CITY, ILL.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>			
13a. FATHER'S NAME <b>ANGELO TOVAN</b>			13b. MOTHER'S MAIDEN NAME <b>KALIOPE POPLUKVICH</b>			14. NAME OF HUSBAND OR WIFE <b>MARLENE TOVAN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv <b>NO</b>			16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>MARLENE TOVAN</b> <sup>Address</sup> <b>313 PARADISE MITCHELL ILL.</b>				
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Intractable congestive failure</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Urinal valve insufficiency</b>						<b>unknown</b>			
DUE TO (c) <b>Rheumatic heart disease</b>						<b>unknown</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>410 X</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			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)					
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 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 <b>Oct. 1961</b> to <b>Sept 23, 1962</b> and last saw him alive on <b>Sept 23, 1962</b> Death occurred at <b>5:22 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Leroy F. Ortmeyer MD</b>				22b. ADDRESS <b>2623 Telegraph Rd</b>				22c. DATE SIGNED <b>Sept 25, 1962</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>9-23-1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>ST. JOHNS</b>		23d. LOCATION (City, town, or county) <b>GRANITE CITY, ILL.</b>			
24. FUNERAL DIRECTOR <b>MERCER FUNERAL HOME</b>				ADDRESS <b>GRANITE CITY, ILL.</b>		25. DATE RECD. BY LOCAL REG. <b>9-25-1962</b>		26. REGISTRAR'S SIGNATURE <b>Loed Smith. M.D.</b>	

**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 Whiston C. Williams

Licensed Embalmer No. 5016

P. O. Address GRANITE CITY, ILL.

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.