

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044599

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10878** STATE FILE NUMBER

FILED NOV 19 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		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		c. CITY OR TOWN Mehlville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>											
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3233 Southern Aire Dr.				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>											
3. NAME OF DECEASED (Type or print) First BESSIE Middle MASEK Last MASEK						4. DATE OF DEATH Month November Day 10 Year 1962		5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/30/1882		9. AGE (last birthday) 80		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) at home						10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) Vienna, Austria			12. CITIZEN OF WHAT COUNTRY USA									
13a. FATHER'S NAME Tumpach						13b. MOTHER'S MAIDEN NAME not known						14. NAME OF HUSBAND OR WIFE Frank									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no						16. SOCIAL SECURITY NO. none			17. INFORMANT George Bocek Address 3233 Southern Aire Dr.												
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UR EMIA												INTERVAL BETWEEN ONSET AND DEATH									
DUE TO (b) CHRONIC PYELONEPHRITIS																					
DUE TO (c) 6000																					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHITIS 2/Aspirin Abuse												PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)													
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 11/8/62 to 11/10/62 and last saw her alive on 11/10/62 Death occurred at 4:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.																					
22a. SIGNATURE <i>Raymond V. Hruschak MD</i>						(Degree or title)		22b. ADDRESS 4709 Hampton Cir				22c. DATE SIGNED 11/2/62									
23a. BURIAL, CREMATION, REMOVAL (Specify) burial			23b. DATE 11/13/1962		23c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis, Mo.													
24. FUNERAL DIRECTOR John L Ziegenhein & Sons						ADDRESS 7027 Gravois		25. DATE RECD. BY LOCAL REG. NOV 13 1962		25. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>											

VS 300 Rev. 4/59

1

3

4 1

5 2

6

7 2

8 2

9

10

11

12 65-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

4400-38

65

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 Donald Benz

Licensed Embalmer No. 4863

P. O. Address Alford Mo.

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.