

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **12314**

-62-048765

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. _____

FILED JAN 2 1962

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **ST. LOUIS**

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **5846 GOENER**

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) **5846 GOENER** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)
First Middle Last

STEPHAN STANEK

4. DATE OF DEATH
Month Day Year

DEC. 20 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH

DEC 24 1929

9. AGE (last birthday)

82

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CABINET MAKER

10b. KIND OF BUSINESS OR INDUSTRY

CZECHO SLOVAKIA

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

PAUL STANEK

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

KATIE STANEK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

17. INFORMANT

KATIE STANEK 5846 GOENER

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

44.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

420.0

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 **1956** to **Dec 21 1962** and last saw him alive on **Dec 17 1962**
Death occurred at **8:00 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Thomas Kutis M.D.

22b. ADDRESS

5203 Clayton St Louis

22c. DATE SIGNED

12-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

DEC. 23, 1962

23c. NAME OF CEMETERY OR CREMATORY

SUNSET BURIAL PARK ST. LOUIS CO.

23d. LOCATION (City, town, or county)

ST. LOUIS MO.

24. FUNERAL DIRECTOR

ADDRESS

Thomas Kutis 2906 Shreve

25. DATE RECEIVED BY LOCAL REG.

DEC 22 1962

26. REGISTRAR'S SIGNATURE

Edith M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

1

2 **202**

3

4 **0**

5 **1**

6

7 **2**

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9

10

11

12 **90-0**

13

90

Dr. Dudley 5203 Chapman
Pt 2-0632 2-6 This
not there.

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 J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Grand

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.