

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014314
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1177

DO NOT WRITE ON THIS STUB

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Rev. 4/59

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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

FILED APR 11 1963	
1. PLACE OF DEATH	
a. COUNTY St. Louis	
b. CITY (if outside corporate limits, give TOWNSHIP only) Normandy Length of stay in 1b HRS.	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hospital Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE Missouri b. COUNTY St. Louis	
c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) 9918 Gloucester Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle A Last Morovitz	
4. DATE OF DEATH April 5, 1963	
5. SEX Male	6. COLOR OR RACE White
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-2-98
9. AGE (last birthday) 65	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) Tailor	10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Hungary	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Geo Morovitz	13b. MOTHER'S MAIDEN NAME Theresa Horvath
14. NAME OF HUSBAND OR WIFE Martha Morovitz	
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. [redacted]	
17. INFORMANT Martha Morovitz Gloucester Address 9918	
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Respiratory Failure	
DUE TO (b) Coronary Thrombosis	
DUE TO (c) + ischemic + infarction	
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. <input type="checkbox"/> Yes <input 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. 6:45 a.m. p.m. Month, Day, Year 4-4-63	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 ST. LOUIS CO MO COUNTY STATE	
21. I attended the deceased from 4-4-63 to 4-5-63 and last saw ^{her} him alive on 4-5-63	
Death occurred at 6:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE David P. Gardner (Degree or title)	22b. ADDRESS 7520 Natural Bridge
22c. DATE SIGNED 4/5/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-8-63
23c. NAME OF CEMETERY OR CREMATORY Memorial Park	
23d. LOCATION (City, town, or county) ST. LOUIS CO MO	
24. FUNERAL DIRECTOR W. SULLIVAN - MUCKLE - KRON MORTUARY ADDRESS 8806 JENNINGS ROAD	
25. DATE RECD. BY LOCAL REG. 4-8-63	
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.	

8806 JENNINGS ROAD

(Licensed Embalmer's Statement on Reverse Side)

3 Cent. Copies

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 Herbert J. Gaudin

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 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.