

CERTIFICATE OF DEATH

FILED

JUN 14 1973

Registration District No.

Primary Registration District No.

Registrar's No.

DO NOT WRITE
ON THIS STUBVS 300
Rev. 11/72

7b. c. 3875

7d. 95001

8. 84

14a. 29

14b. 510

14c-d. 3875

14e. 16D

23. 0023516

18-U. 4124

18-S-1.

18-S-2.

20a-f.

20g-St.

20g-Co.

20g-Cy.

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

DECEASED—NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. Mo.	UNDER 1 DAY HOURS St.	2. male	3. June 4, 1973
white	85	Mo.	St.		
CITY, TOWN, OR LOCATION OF DEATH 7b. St. Louis 7c. yes 7d. St. Charles Home - 3400 S. Grand Blvd.					
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)					
8. Germany	CITIZEN OF WHAT COUNTRY 9. U. S. A.				
SOCIAL SECURITY NUMBER 10. 488-10-9692A					
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 11. Baker					
RESIDENCE—STATE 12. Missouri	COUNTY 14b.	CITY, TOWN, OR LOCATION, ZIP CODE 14c. St. Louis, 63118		INSIDE CITY LIMITS SPECIFY YES OR NO 14d. yes	TOWNSHIP 14e. STREET AND NUMBER 14f. 3400 S. Grand Blvd.
FATHER—NAME 15. Martin	MIDDLE	LAST	MOTHER—MAIDEN NAME 16. Marie	MIDDLE	LAST 17. Rotich
INFORMANT—NAME 17a. Mrs. Chrystal Boyd (daughter)	MAILING ADDRESS 17b. 5088 Clayridge Dr. / St. Louis, Mo. 63129				
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF: 19. <i>Arteriosclerosis C.v. Heart Disease Yes</i>					
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
18. IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF: 19. <i>Generalized Arteriosclerosis</i>					
18. IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF: 19. <i>Generalized Arteriosclerosis</i>					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (O)					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
INJURY AT WORK (SPECIFY YES OR NO) 20a.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20b.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20c.	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20d. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		
CERTIFICATION— PHYSICIAN: I ATTESTED THE 21a. DECEASED FROM 21b. TO 6/4/73 21c. 5/31/73 21d. NOT 21e. 30 21f. M. TO THE CAUSE(S) STATED.					
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.					
CERTIFIER—NAME (TYPE OR PRINT) 22b. Stanley Ciapciak, M.D. MO. LICENSE NO. 23. 23576 23c. <i>Stanley Ciapciak M.D.</i> DEGREE OR TITLE 23d. 6/5/73 DATE SIGNED (MONTH, DAY, YEAR)					
MAILING ADDRESS—CERTIFIER 23e. 1502 St. Louis Ave. / St. Louis, Mo. STATE 63106					
BURIAL, CREMATION, REMOVAL 24a. Removal 24b. Mount Hope Cemetery 24c. St. Louis County, Mo.					
DATE (MONTH, DAY, YEAR) 24d. June 6, 1973 24e. Gebken Sons - 2630 Gravois Ave. / St. Louis, Mo. 63118					
FUNERAL DIRECTOR—SIGNATURE 25a. Roberta Gebken REG. NO. 25. 2229 25b. <i>Robert Gebken</i> REGISTRATION—SIGNATURE 26a. Helen L. Bruce, M.D. DATE RECEIVED BY LOCAL REGISTRAR 26b. JUN 5 1973					

STATEMENT BY LICENSED EMBALMER

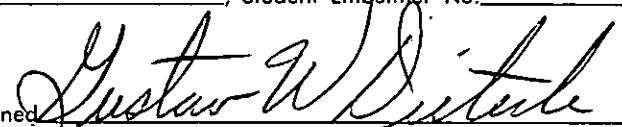
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4329

P. O. Address St Louis 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.