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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34553

FILED NOV 6 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9303

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 94

(c) City or town Bonne Terre 2
(If outside city or town limits, write "RURAL")

(d) Street No. 208 Summit Street 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY PAVLIK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Michael Pavlik

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 3 ~~1895~~ 1896
(Month) (Day) (Year)

8. AGE: Years 52 ~~53~~ Months 0 Days 23 If less than one day hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name (Unknown) Vargo
13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Havrilla
(b) Address 2409 S. 11th Street

17. (a) Burial (b) Date thereof 10-30-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Missouri

18. (a) Signature of funeral director Moydell Und
(b) Address 1926 Allen Avenue

19. (a) OCT 28 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26th
year 1948 hour 11 minute 26 A.M.

21. I hereby certify that I attended the deceased from Oct 17, 1948, to Oct. 26, 1948, that I last saw her alive on Oct. 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrage

Due to Chronic Enlargement of heart & Myocarditis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 11 Dec.

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. F. Murray (M. D. or other)

Address 605 S. Russell Date signed 10-25-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Me, Registered Apprentice No. working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Missouri
City of St. Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 34552/48
Local Registrar's No. 9303

On this 16th day of November, 1948, before me appears Mrs Anna Havrilla, who, upon her oath, states that the original record of ~~birth~~ death for Mary Pavlik died October 26th, 1948, in the State of Missouri, and which was filed at St. Louis, Mo. on Oct. '28, 1948, should be corrected as follows:

Item No. 7 should read October 3-1896
Instead of October 3-1895

Item No. 8 should read 52 Years 0 Months 27 Days
Instead of 53 Years 0 Months 27 Days

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Anna Havrilla Daughter
Relationship.

2409 S. 11th Street
Present Address.

Subscribed and sworn to before me this 16th day of November, 1948

My Commission expires Sept. 22nd, 1950 George Sochda, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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