

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14036

State File No. 3379

FILED APR 27 1949

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

24

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>2917 S. 18th St.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2917 S. 18th St.</i>		d. STREET ADDRESS (If rural, give location) <i>2917 S. 18th St.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>George</i> b. (Middle) <i>Novak</i> c. (Last) <i>Novak</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Apr. 13 1949</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec. 30 1875</i>	9. AGE (In years last birthday) <i>74</i>	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Gardner</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>City Forestry</i>	11. BIRTHPLACE (State or foreign country) <i>Hungary</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>George Novak</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Marie Novak</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Marie Novak</i> ADDRESS <i>2917 S. 18th St.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Cornary thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>yes</i> <i>yes</i>
	ANTECEDENT CAUSE (b) <i>Bronchial asthma</i>		
	OTHER SIGNIFICANT CONDITIONS (c) <i>mytol clumping</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>X</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from *Jan 10/48* to *April 13, 1949*, that I last saw the deceased alive on *April 13, 1949* and that death occurred at *4:30* m., from the causes and on the date stated above.

23a. SIGNATURE <i>St. S. Pyne M.D.</i> (Degree or title)	23b. ADDRESS <i>2750 4th churber</i>	23c. DATE SIGNED <i>5/14/49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4-16-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>
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DATE REC'D BY LOCAL REG. <i>APR 15 1949</i>	REGISTRAR'S SIGNATURE <i>J. B. Pascoe</i>	FUNERAL DIRECTOR'S SIGNATURE <i>Witt Bro. & N. Co.</i> ADDRESS <i>2929 S. Jefferson</i>
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Handwritten scribbles

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.

Signed.....

Handwritten signature: Harold C. Witt

Signed.....

Student Embalmer

Licensed Embalmer No. 4353

P. O. Address 2929 Sa Jefferson

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