

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10447

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2727**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS 2149</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5038 MARDEL</b>		f. STREET ADDRESS (If rural, give location) <b>5038 MARDEL U</b>	

3. NAME OF DECEASED (Type or Print) a. (First) **MARIE** b. (Middle) **-** c. (Last) **MOCHISKY** 4. DATE OF DEATH (Month) (Day) (Year) **MAR. 23 1951**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **MAR. 16 1896** 9. AGE (In years last birthday) **55** IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSE WIFE** 10b. KIND OF BUSINESS OR INDUSTRY **AT HOME** 11. BIRTHPLACE (State or foreign country) **ST. LOUIS MO** 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME **ANDREW STEVENS** 13b. MOTHER'S MAIDEN NAME **MARY HEINTZMAN** 14. NAME OF HUSBAND OR WIFE **JOE MOCHISKY**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **JOE MOCHISKY** ADDRESS **5038 MARDEL**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) \_\_\_\_\_

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **arterial hypertension** INTERVAL BETWEEN ONSET AND DEATH **2 years**

ANTECEDENT CAUSES

\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

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  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **HHTX**

22. I hereby certify that I attended the deceased from **June 1 1950**, to **March 23 1951**, that I last saw the deceased alive on **3/23 1951**, and that death occurred at **6:25 AM.**, from the causes and on the date stated above.

23a. SIGNATURE **B. J. McJames M.D.** (Degree or title) 23b. ADDRESS **16 Chagrinville** 23c. DATE SIGNED **3/23/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **MAR. 26 1951** 24c. NAME OF CEMETERY OR CREMATORY **S.S. PETER & PAUL** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS MO**

DATE RECORDED BY LOCAL HEALTH DEPARTMENT \_\_\_\_\_ REGISTRAR'S SIGNATURE **J. B. Kasater** 25. FUNERAL DIRECTOR'S SIGNATURE **Thomas Kutis** ADDRESS **2906 Beavrie**

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

APR 2 1951

**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 .....  
Student Embalmer

Signed..... *Samuel C. Hill* .....

Licensed Embalmer No. *4347* .....

P. O. Address *2906 Lava* .....

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.