

5. No. 300
v. 10. 48

FILED MAR 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5381**

03620

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Washington</u>)	c. LENGTH OF STAY (In this place) <u>3 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital.</u>		d. STREET ADDRESS (If rural, give location) <u>6161 Suburban Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> b. (Middle) <u>Mary</u> c. (Last) <u>Novak</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 2nd, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 4, 1882.</u>	9. AGE (In years last birthday) <u>70</u>	10. IF UNDER 1 YEAR <u>5</u> MONTHS <u>28</u> DAYS <u>1</u> HOUR <u></u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Haven, Mo. (N)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Frank Kluba.</u>		13b. MOTHER'S MAIDEN NAME <u>Madelin Chais.</u>		14. NAME OF HUSBAND <u>John Novak.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dennis Novak</u> ADDRESS <u>474 Row St. Louis, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular hemorrhage 2 hrs.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension - sclerotic C.V. - R. disease</u> ? DUE TO (c) <u>Old age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 March, 1953, to 2 Mar, 1953, that I last saw the deceased alive on 1 Mar, 1953 and that death occurred at 2:40 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Raymond J. Bozso, MD</u> (Degree or title)	23b. ADDRESS <u>Washington, Mo.</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	24b. DATE <u>Mar. 4, 1953.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's Cemetery,</u>
		24d. LOCATION (City, town, or county) (State) <u>Clover Bottom, Mo.</u>

DATE REC'D BY LOCAL REG. <u>Mar 9, 1953</u>	REGISTRAR'S SIGNATURE <u>R. S. Erdmann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Lieburg & Witt, Inc.</u> ADDRESS <u>Washington, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 1955

MAR 12 1955

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

Jerome F. Suobala

Licensed Embalmer No. 4507

P. O. Address Washington

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.