

STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1956

318

PRIMARY REG. DIST. NO.

1003

State File No. 8200

8200

| | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN St Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: St Louis City Hospital | | | | e. STREET ADDRESS (If rural, give location) 2340 2707 Shenandoah Av | | | | | |
| 3. NAME OF DECEASED (Type or Print) Joseph Novak | | | a. (First) | | b. (Middle) | | c. (Last) | | |
| 4. DATE OF DEATH (Month) (Day) (Year) 9 2 1956 | | 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | | 8. DATE OF BIRTH July 15, 1901 | |
| 9. AGE (in years last birthday) Months Days 55 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Hanger | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo. | | 12. CITIZEN OF WHAT COUNTRY? U S | |
| 13a. FATHER'S NAME Frank Novak | | | 13b. MOTHER'S MAIDEN NAME Anna Svetlik | | | 14. NAME OF HUSBAND OR WIFE None | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. | | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Anna Novak 2707 Shenandoah Ave | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis (Chronic) | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES 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 422.2 | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. | | 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 <u>Sept. 21</u> , 19 <u>55</u> , to <u>Aug. 13</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Aug. 13</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Name or title) Chas. J. Henker MD | | | | 23b. ADDRESS 3109 S. Grand Blvd. | | 23c. DATE SIGNED 9/7/56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9/5/56 | | 24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery | | 24d. LOCATION (City, town, or county) (State) St Louis Mo | | | |
| DATE REC'D BY LOCAL REG. SEP 5 1956 | | REGISTRAR'S SIGNATURE Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Moydell Funeral Home 1926 Allen Ave | | | | | |

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

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 *George J. Svoboda*.....

Licensed Embalmer No. *4899*.....

P. O. Address *1926 Alh*.....

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.