

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37930

STATE FILE NUMBER

FILED OCT 21 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9466

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, give TOWNSHIP only) OR TOWN <b>St Louis</b>		Inside Limits Yes# No□		c. CITY OR TOWN <b>St Louis</b>		Inside Limits Yes# No□		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2707 Shenandoah</b>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>23 2707 Shenandoah Av</b>		Reside on Farm Yes□ No#		
3. NAME OF DECEASED (Type or print) First <b>Anna</b> Middle <b>Novak</b> Last				4. DATE OF DEATH Month <b>Oct</b> Day <b>9</b> Year <b>1957</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <b>3#</b> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov 15 1873</b>		9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Austria</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>		
13. FATHER'S NAME <b>Joseph Svetlik</b>				14. MOTHER'S MAIDEN NAME <b>Anna ?</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT Address <b>Charles Novak 2707 Shenandoah Ave</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma left cheek</b>							INTERVAL BETWEEN ONSET AND DEATH <b>9/1956</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Metastasis left parotid gland and triangle of neck</b>						
		DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>191x</b>					
20c. TIME OF INJURY Hour <b>—</b> Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>St Louis</b>		COUNTY STATE		
21. I attended the deceased from <b>1/22/46</b> to <b>10/9/57</b> and last saw her <sup>in situ</sup> alive on <b>10/9/57</b> Death occurred at <b>10:30 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Chas. Henke</b> (Degree or title) <b>M.D.</b>				22b. ADDRESS <b>3109 So Grand Ave</b>		22c. DATE SIGNED <b>10/10/57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/12/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Picker Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St Louis Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Moydell Funeral Home 1926 Allen Ave</b>				25. DATE RECD. BY LOCAL REG. <b>OCT 10 '57</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MO</b> <b>msc</b>		

1912

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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 *Reinhull K. Lehman*.....

Licensed Embalmer No. *339*

P. O. Address *St. Louis*.....

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.