

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046146

STATE FILE NUMBER

11205

FILED JAN 6 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bel-Ridge
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Pacific Hospital		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 8617 Kendale Drive, 21
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES JOHN PAVELEC			4. DATE OF DEATH Month Day Year Nov. 19th, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 21, 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief File Clerk		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific RR.	9. AGE (In years by birthday) 54
11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Pavelec		13b. MOTHER'S MAIDEN NAME Mary Kalney	14. NAME OF HUSBAND OR WIFE Marie Pavelec nee Amann
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Marie Pavelec, 8617 Kendale Drive, 21, Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mesenteric thrombosis DUE TO (b) Surgical excision of small bowel DUE TO (c) Anesthesia 586 X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) While undergoing operation			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) (bowel) at Measur Pacific		
20c. TIME OF INJURY Hour Month, Day, Year a.m. 11 19 58 p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital, November 19 1958.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. CITY, TOWN, OR LOCATION St. Louis Mo	20f. COUNTY STATE	
21. I attended the deceased from Death occurred at 805 P. to and last saw her/him alive on in on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deputy or title) Patrick Taylor Curauer 3		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 11-22-58		22d. DATE SIGNED 11-22-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11/22/58	23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri.		25. DATE RECD. BY LOCAL REG. NOV 20 '58	26. REGISTRAR'S SIGNATURE Carl Smith Mo

Attention: For Gallbladder  
 Quered.  
 All diseases in this must be causally related.  
 Accidents, injuries, etc. must be causally related.  
 No symptoms with be listed.  
 Use ONLY BLACK INK OR RUBBER TYPewriter IF POSSIBLE

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 *John A. Miller* .....

Licensed Embalmer No. *4186* .....  
P. O. Address *St. Louis, Mo.* .....

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.