

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026967

FILED JUL 17 1959

STATE FILE NUMBER

2 6356

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

BY AFFIDAVIT OF funeral director. DOCUMENT Son's birth certificate 5/28/26 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bernard Nursing Home 4207 Maryland Ave.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6230 Magnolia Ave.			
3. NAME OF DECEASED (Type or print) First SUSAN Middle Last MITNIK			4. DATE OF DEATH Month July Day 3 Year 1959				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-24-1887 7-7-74	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME John Ellek		13b. MOTHER'S MAIDEN NAME Anna Unknown		14. NAME OF HUSBAND OR WIFE Late Paul Mitnik			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Helen Berra 6230 Magnolia Ave.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 1 hr		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis					10 hrs		
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour: _____ a.m. _____ p.m. _____	Month, Day, Year						
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		COUNTY	STATE
21. I attended the deceased from Jan 7, 1950 to July 3, 1959 and last saw her July 3, 1959 alive on July 3, 1959 Death occurred at 4:18 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John S. Matthews M.D. (Degree or title)			22b. ADDRESS 3707 Watson Rd		22c. DATE SIGNED 7-6-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 7, 1959	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) (State) St. Louis Co, Mo.			
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway ADDRESS			25. DATE RECD. BY LOCAL REG. JUL 6 '59		26. REGISTRAR'S SIGNATURE Loan Smith. M.D.		

B.P

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Geo. H. Kneiphauer

Licensed Embalmer No. 4988

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.