

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-019551

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4984

AMENDED

FILED JUN 8 1961

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

| | | | | | | | | | | | | | | | | | | | |
|---|------------------|---|-------|--|---|------------------------|-----------|--|-----------------|------------------------------|-------------------|--|--|-------|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN | | Length of stay in lb | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE | | b. COUNTY | | c. CITY OR TOWN | | d. STREET ADDRESS | | e. INSIDE LIMITS | | f. RESIDE ON FARM | | | | |
| St. Louis | | St. Louis | | | Mo. | | St. Louis | | Affton | | 5019 Lomar Lane | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| 3. NAME OF DECEASED (Type or print) | | | First | Middle | Last | 4. DATE OF DEATH | | | Month | Day | Year | | | | | | | | |
| JOSEPH | | | | | TONKOVIC | May | | | 24 | 1961 | | | | | | | | | |
| 5. SEX | 6. COLOR OR RACE | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> | | 8. DATE OF BIRTH | | 9. AGE (last birthday) | | IF UNDER 1 YEAR | | IF UNDER 24 HR | | | | | | | | | |
| male | white | Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 5/24/61 | | 1 | | 1 | | | | | | | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | | 11. BIRTHPLACE (City and state or country) | | | | 12. CITIZEN OF WHAT COUNTRY | | | | | | | |
| | | | | | | | | St. Louis Mo. | | | | USA | | | | | | | |
| 13a. FATHER'S NAME | | | | 13b. MOTHER'S MAIDEN NAME | | | | 14. NAME OF HUSBAND OR WIFE | | | | | | | | | | | |
| Norbert Tonkovic | | | | Susan Carol Jones | | | | | | | | | | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | | | 16. SOCIAL SECURITY NO. | | | | 17. INFORMANT | | | | Address | | | | | | | |
| no | | | | none | | | | Norbert Tonkovic | | | | 5019 Lomar La. | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | | | | | | |
| IMMEDIATE CAUSE (a) | | | | | | | | | | | | congenital | | | | | | | |
| DUE TO (b) | | | | | | | | | | | | 771.0 | | | | | | | |
| DUE TO (c) | | | | | | | | | | | | 8 inches in diameter | | | | | | | |
| 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 type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) | | | | | | | | | | | | | | | |
| | | | | none | | | | | | | | | | | | | | | |
| 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 <u>Birth</u> , to _____, and last saw him alive on <u>5-24-61</u> | | | | | | | | | | | | | | | | | | | |
| Death occurred at <u>5:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) | | | | | | 22b. ADDRESS | | | | | | 22c. DATE SIGNED | | | | | | | |
| <u>Joseph A. ...</u> | | | | | | <u>3804 W. ... Ave</u> | | | | | | <u>5/25/61</u> | | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | | 23c. NAME OF CEMETERY OR CREMATORY | | | | 23d. LOCATION (City, town, or county) | | | | (State) | | | | | | | |
| Removal | | 5/26/1961 | | Resurrection Cemetery | | | | St. Louis County, Mo. | | | | | | | | | | | |
| 24. FUNERAL DIRECTOR | | | | | ADDRESS | | | | | 25. DATE RECD. BY LOCAL REG. | | | | | 26. REGISTRAR'S SIGNATURE | | | | |
| John L Ziegenhein & Sons | | | | | 7027 Gravois | | | | | MAY 26 1961 | | | | | <u>Roan Smith, M.D.</u> | | | | |

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 *No Embalming*, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *D. A. Sparks*

Licensed Embalmer No. _____

P. O. Address _____

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.