

318

1003

10843

STATE NUMBER

AMENDED

Registration District No. **FILED DEC 1 1961** Primary Registration District No. Registrar's No. **10843**

| | | | |
|-------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|
| 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, give TOWNSHIP only) OR TOWN St Louis | | c. CITY OR TOWN St Louis | |
| Length of stay in 1b | | Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital | | d. STREET ADDRESS (If outside, give location) 1537 Vail Place | |
| Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------|-------------------------------------------|
| 3. NAME OF DECEASED (Type or print) First Frank Middle Belaska Last Sr | | | 4. DATE OF DEATH Month Nov Day 15 Year 1961 | | | |
| 5. SEX Male | 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 10/26/92 | 9. AGE (last birthday) 69 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self-Employed | | 10b. KIND OF BUSINESS OR INDUSTRY Retinning | | 11. BIRTHPLACE (City and state or country) Czechoslovakia | | 12. CITIZEN OF WHAT COUNTRY U S |
| 13a. FATHER'S NAME Frank Belaska | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Anna (Deceased) | | |
| 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 Frank J Belaska 4200 Lee 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 Apoplexy;**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____

DUE TO (c) **334x**

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

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 _____ to _____ and last saw her/him alive on _____

Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Paul Simon Deputy Coroner

22b. ADDRESS
7300 Clark

22c. DATE SIGNED
11/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
11/18/61

23c. NAME OF CEMETERY OR CREMATORY
Resurrection Cemetery St Louis County Mo

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS
Moydell Funeral Home 1926 Allen

25. DATE RECD. BY LOCAL REG.
NOV 16 1961

26. REGISTRAR'S SIGNATURE
Loan Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Halley P. Jaeller Jr

Licensed Embalmer No. 4950

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.