

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003697

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1359 STATE FILE NUMBER

FILED FEB 7 1962

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Length of stay in 1b- 56 YR.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4545 POPE Inside Limits  Yes  No  
 2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission)  
 a. STATE MO. b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN ST. LOUIS Inside Limits  Yes  No  
 d. STREET ADDRESS (If outside, give location) 4545 POPE Reside on Farm  Yes  No

3. NAME OF DECEASED (Type or print) First DOROTHY Middle \_\_\_\_\_ Last DVORAK 4. DATE OF DEATH Month JAN Day 30 Year 1962

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married  Widowed  Never Married  Divorced  8. DATE OF BIRTH 5-24-1905 9. AGE (last birthday) 56 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) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (City and state or country) ST. LOUIS, MO. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME EDWARD WILSON 13b. MOTHER'S MAIDEN NAME BERTHA SONA 14. NAME OF HUSBAND OR WIFE FRANK DVORAK

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 Address FRANK DVORAK 4545 POPE

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) acute myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 2 hrs.  
 DUE TO (b) Hypertensive heart disease 12 mo.  
 DUE TO (c) exogenous obesity 6 yr.  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary sclerosis with acute occlusion 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.) 287X

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 Jan 2nd 1962 to Jan 30, 1962 and last saw her Jan 29, 1962 alive on \_\_\_\_\_  
 Death occurred at 11:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Domini J. Varda M.D. 22b. ADDRESS 4500 Olive St 22c. DATE SIGNED 1-31-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE FEB. 2 1962 23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY 23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO

24. FUNERAL DIRECTOR ADDRESS STROOT CARROLL 4600 NATURAL BRIDGE 25. DATE RECD. BY LOCAL REG. JAN 31 1962 26. REGISTRAR'S SIGNATURE Roald Smith: M.D.

AMENDED  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DR VERDA  
F07-8400  
4500 OLIVE  
12<sup>30</sup> - to 6 am

**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 M W Rueter

Licensed Embalmer No. 4865

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.