MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

62-016503
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0440
2 4000
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4 0
5 0
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9 493X
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12 43-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 316 Primary Registration District No. — Registrar's No. 179

FILED MAY 8 1962

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Francois Township — Length of stay in Ib: 21Y 2M 7das
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital #4 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Gardenville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4835 Oldenberg — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Bozidar Christ Christopher — Middle: — Last: Kalafatich (Kalafatic)

4. DATE OF DEATH: Month: April — Day: 11 — Year: 1962

5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/21/1907
9. AGE (last birthday): 54
IF UNDER 1 YEAR — Months: 3 — Days: 21 — IF UNDER 24 HR — Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Factory work & stone mason.
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Frank Kalafatich
13b. MOTHER'S MAIDEN NAME: Lucija ----- (Lucy Kalafatich)
14. NAME OF HUSBAND OR WIFE: -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Records, State Hosp. #4, Farmington, Mo. and John Kalafatich — Address: 6975 Hillsland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Terminal pneumonia ----------Abt. 4 das.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized arteriosclerosis, and psychosis with meningo-encephalitis (general paresis).

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 April 6, 1962, to April 11, 1962 and last saw ~~XX~~ him alive on April 11, 1962
Death occurred at 2:20 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John A. Brennan M.D. (Degree or title)
22b. ADDRESS: State Hospital No. 4, Farmington, Missouri
22c. DATE SIGNED: 4-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 4/14/1962
23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: John L Ziegenhein & Sons — ADDRESS: 7027 Gravois
25. DATE RECD. BY LOCAL REG.: apr. 13, 1962
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4863

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.