

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-025040

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5841

STATE FILE NUMBER

FILED JUN 18 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY		c. CITY OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LUTHERAN HOSPITAL</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>5814 ITASKA AVE</u>		e. (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) <u>ROSE M PAZDERNIK</u>			First Middle Last			4. DATE OF DEATH <u>JUNE 11 1962</u>			Month Day Year						
5. SEX <u>FEMALE</u>		6. COLOR, OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>DEC 28 1900</u>		9. AGE (last birthday) <u>61</u>		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) <u>RETIRED OFFICE CLERK WESTERN ELECTRIC</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>MISSOURI</u>				11. BIRTHPLACE (City and state or country) <u>11-5-A</u>				12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME <u>CHARLES EHRHART</u>				13b. MOTHER'S MAIDEN NAME <u>FRANCIS LAMMERT</u>				14. NAME OF HUSBAND OR WIFE <u>JOSEPH PAZDERNIK</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO.				17. INFORMANT <u>JOSEPH PAZDERNIK</u>				Address <u>5814 ITASKA AVE</u>			
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) <u>CONGESTIVE HEART FAILURE</u>												<u>1 WK</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.															
DUE TO (b) <u>MITRAL STENOSIS</u>												<u>5 YEARS</u>			
DUE TO (c) <u>RHEUMATIC HEART DISEASE</u>												<u>10 " +</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>410X</u>								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 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.)											
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>June 1958</u> to <u>June 1962</u> and last saw her ^{him} alive on <u>June 11 1962</u> Death occurred at <u>9:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>[Signature]</u> (Degree or title)						22b. ADDRESS <u>3701 Grandel St</u>			22c. DATE SIGNED <u>6-12-62</u>						
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or County)		23e. (State)							
<u>REMOVAL</u>		<u>JUNE 14 1962</u>		<u>RESURRECTION CEMETERY</u>		<u>ST. LOUIS CO.</u>		<u>MO.</u>							
24. GENERAL DIRECTOR <u>Thomas Katie 2906 Gravois</u> ADDRESS						25. DATE RECD. BY LOCAL REG. <u>JUN 12 1962</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>							

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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 J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Gravois.

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.

Dr. W. W. ...
3701 Gravois St
St. Louis Mo
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