MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-025617
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

4031
28120

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1748

FILED JUN 20 1962

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Normandy — Length of stay in 1b: 11yrs. 10 mos.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Vincent's Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois — b. COUNTY:
c. CITY OR TOWN: Chicago — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): 1120 N. Leavitt Street — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Sister Honorata — Middle: - Mary — Last: Tabaka
4. DATE OF DEATH: Month: June — Day: 11, — Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-1-84
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months 8, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Religious
10b. KIND OF BUSINESS OR INDUSTRY: RELIGION
11. BIRTHPLACE (City and state or country): Poland
12. CITIZEN OF WHAT COUNTRY: Naturalized-U.S.
13a. FATHER'S NAME: John Tabaka
13b. MOTHER'S MAIDEN NAME: Frances Norvicki
14. NAME OF HUSBAND OR WIFE: —
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: Mother Aloysius, Superior. Address: Same address as above.

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): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — "
DUE TO (c): Generalized Osteoarthritis — "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Br. Syndrome Asso. with Senile Br. Disease with Psychotic Reaction - Years
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 August 9, 1950, to June 11, 1962 and last saw her/him alive on June 11, 1962
Death occurred at 5:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [signature] (Degree or title)
22b. ADDRESS: 7301 St. Charles Rock Rd.
22c. DATE SIGNED: 6/11/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 6/12/62
23c. NAME OF CEMETERY OR CREMATORY: St. Adalberts
23d. LOCATION (City, town, or county) (State): Niles, Ill.
24. FUNERAL DIRECTOR: Cullen Kelly — ADDRESS: 7267 Natural Bridge
25. DATE RECD. BY LOCAL REG.: 6-12-62
26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2			
3			
4 1			
5 0			
6			
7 2			
8 1			
9 4200			
10			
11			
12 47-0			
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 James A. Lammers

Licensed Embalmer No. 4142

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.