

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1755-63-008699  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 2 3 1963 Primary Registration District No. 1003 Registrar's No.

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST Louis Mo</u>		Length of stay in 1b <u>5 1/2 yrs</u>	c. CITY OR TOWN <u>ST Louis</u>
c. FULL NAME OF (If NOT in hospital) give location) HOSPITAL OR INSTITUTION <u>4236 GERTRUDE</u>		Inside/Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4236 GERTRUDE</u>
3. NAME OF DECEASED First Middle Last <u>ANTON F Guscic</u>			4. DATE OF DEATH Month Day Year <u>2 18 1963</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>6/15/94</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Beer Botler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brewery</u>	11. BIRTH PLACE (City and state or country) <u>Yugoslavia</u>
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Birdie Guscic</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>NO</u> )		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Birdie Guscic 4236 Gertrude</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)		DUE TO (b)	
		DUE TO (c) <u>4200</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute tracheobronchitis</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year p.m.			
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>19 Mar '59</u> to <u>18 Feb '63</u> and last saw him alive on <u>15 Feb '63</u> Death occurred at <u>9:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>T. G. Drake, M.D.</u>		22b. ADDRESS <u>114 N. Taylor St. L. 8</u>	22c. DATE SIGNED <u>18 Feb '63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2/21/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	23d. LOCATION (City, town, or county) (State) <u>St Louis County Mo</u>
24. FUNERAL DIRECTOR <u>Tom Kutis 2906 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 18 1963</u>	26. REGISTRAR'S SIGNATURE <u>Good Smith, M.D.</u>

USE BLACK INK OR TYPEWRITER RIBBON

Missouri State Board of Health  
Department of Health  
Division of Health Services

Dr Burke 114 N Taylor  
Je 8-8600

**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 Ja. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Grants

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.