

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009383

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1780**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4171a Hartford				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4171a Hartford				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Marie Selucky						First Middle Last		4. DATE OF DEATH Feb. 16, 1963					
5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Aug. 15, 1878		9. AGE (last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none				10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Czecho Slovakia		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Louis Seda				13b. MOTHER'S MAIDEN NAME Anna Vavgar				14. NAME OF HUSBAND OR WIFE Ignatius Selucky					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none				16. SOCIAL SECURITY NO. none		17. INFORMANT Marie Bregenzner Address 4171a Hartford, St. Louis, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) Acute Cardiac Dilatation										1 day			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Arrricular fibrillation		18 days	
										DUE TO (c) Myocarditis widespread		7 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension - arteriosclerosis								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 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.) 443x									
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 October 12-1962 , to Feb. 16-63 and last saw her/him alive on Feb. 11-63 Death occurred at 7:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Geo. C. Plouffe M.D.</i>						(Degree or title)		22b. ADDRESS 7767 Girardin St. No 8		22c. DATE SIGNED 2-18-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal			23b. DATE 2-20-63		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.			23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					
24. FUNERAL DIRECTOR Southern Funeral Home ADDRESS 6322 S. Grand St. Louis, Mo.						25. DATE RECD. BY LOCAL REG. FEB 18 1963		26. REGISTRAR'S SIGNATURE <i>Loed Smith, M.D.</i>					

Dr Doubek
2767
Pr 6-0310
2³⁰ + 5³⁰

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 David Van Tassan

Licensed Embalmer No. 4342

P. O. Address Dr Louis 510

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.