

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030840

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2129

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ
ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED JUL 25 1963 St. Louis Co. Jefferson-DAV

1. PLACE OF DEATH
a. COUNTY JEFFERSON-DAV
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VALLEY PARK Mo Length of stay in 1b Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VALLEY PARK NURSING Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Mo
c. CITY OR TOWN ST LOUIS Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 5035 ROSA Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last BARBARA NOVAK
4. DATE OF DEATH Month Day Year JULY 1 1963

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH OCT 15 1882 9. AGE (last birthday) 80 IF UNDER 1 YEAR Months Days Hours Min. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE 11. BIRTHPLACE (City and state or country) CZECHO SLOVAKIA 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME MATTHEW PANUSEK 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE MATTHEW NOVAK Dec

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser) NO 17. INFORMANT Address MARIE MIKES 5035 ROSA

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 5 YRS +
DUE TO (b) _____
DUE TO (c) 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
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 1953 to JULY 1, 1963 and last saw her alive on JUNE 27, 1963
Death occurred at 2:30 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. Dake M.D. 22b. ADDRESS 740 S. 4th St. Louis 22c. DATE SIGNED 7-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removed 23b. DATE JULY 5, 1963 23c. NAME OF CEMETERY OR CREMATORY S S PETER & PAUL 23d. LOCATION (City, town, or county) (State) ST LOUIS Mo

24. FUNERAL DIRECTOR Thomas Kutis 2906 Grand 25. DATE RECD. BY LOCAL REG. 7-3-63 26. REGISTRAR'S SIGNATURE John B. Murphy

(Licensed Embalmer's Statement on Reverse Side)

14-108-1037

W. H. H. H.
10/1/23

W. H. H. H.

7408.466

Jan 1-1923

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 *Corley Thompson Jr*

Licensed Embalmer No. *4861*

P. O. Address *St. Louis 19 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.