

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11144 263-045544**

FILED NOV 22 1963

DO NOT WRITE ON THIS STUB

AMENDED:

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS (If outside, give location)	
a. COUNTY Missouri		b. COUNTY Missouri	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If outside, give location) 4532a Chouteau	

3. NAME OF DECEASED (Type or print) First Middle Last PATRICIA KAROS HARVIEL			4. DATE OF DEATH Month Day Year November 10, 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/3/1923	9. AGE (last birthday) 39	IF UNDER 1 YEAR Months Days Hours Min. 11 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Theodore Karos	13b. MOTHER'S MAIDEN NAME Soteria Lambros	14. NAME OF HUSBAND OR WIFE Leonard Wilton Harviel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [Redacted]
17. INFORMANT Address Mary Pulos, 14835 Bricelyn Dr.		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive heart failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Scleroderma, generalized</i> DUE TO (c) <i>710.0</i>		INTERVAL BETWEEN ONSET AND DEATH 1 wk 2 yrs
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. <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	
20g. STATE			

21. I attended the deceased from 1961 to Nov. 10, 1963 and last saw her alive on Nov. 10, 1963
 Death occurred at 8:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Robert S. Ford</i> M.D.	22b. ADDRESS 15 N. Brentwood	22c. DATE SIGNED 11/11/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 13, 1963	23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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24. FUNERAL DIRECTOR ADDRESS Ambruster Mortuary, 6633 Clayton Rd.	25. DATE RECD. BY LOCAL REG. NOV 12 1963	26. REGISTRAR'S SIGNATURE <i>Robert Smith, M.D.</i>
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VS 300 Rev. 4/59
 DATE AMENDED: 218
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:
 INSTEAD OF:
 DOCUMENT:
 MEDICAL CERTIFICATION:
 SHOULD READ:
 BY AFFIDAVIT OF:
 64
 USE BLACK INK OR TYPEWRITER RIBBON

Dr. Robert S. Kambel
15 N. Brentwood
10-12 PM
Brentwood Tenn

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 *Fred J. Hammer*
Licensed Embalmer No. 4788
P. O. Address St. Louis, 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.