MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28663

File No. 8199

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 2000

Township ..... Primary Registration District No. .....

City St Louis Mo (No. 701 S. Boyle St. ..... Ward)

2. FULL NAME Svetozar Stankovich

(a) Residence. No. 825 Destrahan St., 18 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Milica Stankovich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 14, 1872

7. AGE: 55 YEARS, 8 MONTHS, 00 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Sheet Metal Worker
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER: Nicholas Stankovich
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)

14. INFORMANT: Oroka N Stankovich
(Address) 701 S. Boyle Ave

15. FILED SEP 15 1927, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 14 1927

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to Sept. 14, 1927 that I last saw him alive on Sept. 14, 1927, and that death occurred, on the date stated above, at 8:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Dilatation 7 days
191
MSB
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Glomerular Nephritis
(duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Micro Scope

(Signed) W. G. Krenning, M. D
Sept. 15, 1927 (Address) 4548 Harris Av.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Hope Cemetery
DATE OF BURIAL: Sept 16 1927

20. UNDERTAKER: Kriegshauser Und Co
ADDRESS: 4104 Manchester

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

Kreisman 1.2