

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

Do not use this space.

23318

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **City Report**)

File No. **6801**

Registered No. **6801**

St. _____

Ward _____

2. FULL NAME

(a) Residence. No. **1601 St. Charles** St. **13** Ward.

Length of residence in city or town where death occurred **3** 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 **Stella Stojanovic**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 5 - 1883**

7. AGE

YEARS **45**

MONTHS **6**

DAYS **19**

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED **Garber**

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Yuma**

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER **Nesto Stojanovic**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Yuma**

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Samone Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Georgia**

(STATE OR COUNTRY)

14.

INFORMANT **Ben Weibel**

(Address)

15.

FILED **LN 26 1927**

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 24 1927**

17. I HEREBY CERTIFY That I attended deceased from **April 21**, 1927, to **June 24**, 1927, that I last saw him alive on **June 24**, 1927, and that death occurred, on the date stated above, at **1:30** p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lung abscess non tubercular (cause unknown)

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED **10701**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. J. Schumaker** M. D.

(Address) **City of St. Louis**

*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 **Mt. Hope**

DATE OF BURIAL **6-26-1927**

20. UNDERTAKER **Jr - C. Maydell**

ADDRESS **1926 Allen**

WRITE MAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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