

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

Do not use this space.

6900

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 1756 Missouri av) St. Ward.....

File No.....
Registered No. 1751
St. Ward.....

2. FULL NAME

Mico Drovovich
(a) Residence. No. 1756 Missouri St. 23 Ward..... (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 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 Maranca Drovovich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28-88

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42. - 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Car Builder
(c) Name of employer American Car Co.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Jugo Slavia

10. NAME OF FATHER

Ali Drovovich

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Jugo Slavia

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14.

INFORMANT Maranca Drovovich
(Address) 1756 Missouri av

15.

FILED 11 1930 Mary C. Standley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 17 1930

I HEREBY CERTIFY, That I attended deceased from Feb 15, 1930, to Feb 17, 1930 that I last saw him alive on Feb 17, 1930, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
104

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY)

(duration) 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? Copical

(Signed) Carl Bereman M. D.

2/8, 1930 (Address) 7924 S. Grand St.

*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

DATE OF BURIAL

Mount Hope Feb 19 1930

20. UNDERTAKER

ADDRESS

Wm. G. Moydell 1926 Allen

WRITE PLAINLY, 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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