WHITE 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.

DEC 28 1930

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

Do not use this space.

37287

1. PLACE OF DEATH

County St. Louis County — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 380

City ~~St. Louis, Mo.~~ (No. Mt. St. Rose St. Ward)

2. FULL NAME Stephen Oremovitch (Stephen Oremovitch)

(a) Residence. No. 4737 Heidelberg St. St., St. Louis 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/31/94

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	36	10	23	

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

9. BIRTHPLACE (CITY OR TOWN) Jugo Slavia
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER George Oremovitch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jugo Slavia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Simon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jugo Slavia
(STATE OR COUNTRY)

14. INFORMANT Hosp. Records
(Address)

15. FILED Nov. 24, 1930 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 23, 1930

17. I HEREBY CERTIFY, That I attended deceased from 7/30, 1928, to 11/23, 1930 that I last saw him alive on Nov. 23, 1930, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis with cardio respiratory failure.
(duration) 2 yrs. 4 mos. 8 ds.

CONTRIBUTORY (SECONDARY) ac. dilatation of heart.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED unknown
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Sputum, Xray, phys. exam
(Signed) Chas. Ehlers, M. D.
, 19 (Address) 9101 S. Broadway

*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
St Peter + Paul Cem	11/25 1930
20. UNDERTAKER	**ADDRESS**
William Moydell	1926 Allen Ave.