

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

Do not use this space.

37571

File No. \_\_\_\_\_  
Registered No. 10652  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 791  
1003  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis (No. 2305 512 B)

**2. FULL NAME**

Stipan Ban  
(a) Residence. No. 2305 512 St. St. 23 Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? 50 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
about 66 Unknown

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

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

10. NAME OF FATHER Stev Ban

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Croatia  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT Mary Gaudel  
(Address) 2305 512 St.

15. FILED 10 19 19 Max C. Stuber REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 19 1930 to Nov 9 1930 that I last saw him alive on Sept 19 1930 and that death occurred, on the date stated above, at 5:30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of the lung

(duration) \_\_\_\_\_ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) St. Louis  
(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED St. Louis

BY WHAT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? Yes DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) Levin H. Daniels M. D.

4010 . 1930 (Address) 103 2 Bernside

\*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 St. Peter & Paul DATE OF BURIAL Nov 12 1930

20. UNDERTAKER Wm. B. Mayall ADDRESS 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.

