

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

Do not use this space.

7576

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 9003
 City St. Louis (No. 4880, Hamburg ave)

File No.
 Registered No. 1532
 St. Ward)

2. FULL NAME

Male Mike Ivcic
 (a) Residence, No. 4880 Hamburg St., 2 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 47 Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

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

13. NAME Frank Ivcic

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Frank Ivcic
4880 Hamburg ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Peter & Paul DATE Feb. 15, 1933

19. UNDERTAKER (ADDRESS) Wm. G. Maydell
1224 1/2 E. 12th St.

20. FILED FEB 14 1933
Max C. Stankov Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Monday, 1932, to Feb 12, 1933

I last saw him alive on Feb 12, 1932 Death is said to have occurred on the date stated above, at 12:45 pm.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic
93
112
93
112
 Other contributory causes of importance:
Arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Dr. Henry Halberg, M. D.

(Address) 455 38 Franklin

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.

RECORD WITH CARBON PAPER—THIS IS A PERMANENT RECORD

239
29
29
31

