

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No.) St. Ward) (If nonresident, give city or town and State)

File No. 6821
Registered No. 1675

2. FULL NAME

Julia Georgia Radulovich
(a) Residence No. 1219 S Broadway Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1907</u>		
7. AGE YEARS <u>about 27</u>	MONTHS <u>Unknown</u>	DAYS <u>Unknown</u>
IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		
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) <u>Serbia</u>		
13. NAME <u>John Radulovich</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Serbia</u>		
15. MAIDEN NAME <u>Patricia Mianovich</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Serbia</u>		
17. INFORMANT <u>John Radulovich</u> (ADDRESS) <u>1219 S Broadway</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Hope</u> DATE <u>Feb 16 24</u>		
19. UNDERTAKER <u>Mr E Maydell</u> (ADDRESS) <u>1926 Allen an</u>		
20. FILED <u>J. Brebeck</u> Registrar.		

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:
Intra-cranial Subdural hemorrhage caused by trauma following fall on stairs at residence Date of onset

Other contributory causes of importance:
acute alcoholism
1874
1918 Accident

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/5, 1934
Where did injury occur? St. Louis, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In Home

Manner of injury Fall on stairs
Nature of injury Intra-cranial hemorrhage

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harold B. Smith M.D.
(Address) 216 1/2

