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.

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

Do not use this space.

21968

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. ..... Registered No. 5717

City St Louis (No. ..... St. ..... Ward)

3735

2. FULL NAME Peter Stojanovich

(a) Residence, No. 2123 S. 3d St., 23 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 1885

7. AGE: 48 — YEARS; MONTHS: 11; DAYS: 10; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out of Work

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) Hungaria

FATHER

13. NAME Mata Stojanovich

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

MOTHER

15. MAIDEN NAME Sophia Atanackovich

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

17. INFORMANT (ADDRESS) Mike Stojanovich 2509 N 23d

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Hope DATE June 11th 1934

19. UNDERTAKER (ADDRESS) Edward Koch 3514 N 14th

20. FILED JUN 8 1934 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/4, 1934, to 6/7, 1934

I last saw him alive on 6/7, 1934. Death is said to have occurred on the date stated above, at 12 noon

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

	Date of onset
Dementia Praecox c̄ Exhaustion.	6-4-34
56	
Other contributory causes of importance:	
Rheumatic Endocarditis.	6-4-34

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

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Arthur A. Hines, M. D.

(Address) City Hospital #1

1000-11-24-33