JAN 23 1935

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No. 44341
96 Township Central — Primary Registration District No. 6033 — Registered No. 354
City Pine Lawn (No. 6210 Reichman St. Ward)

2. FULL NAME Marco Yurincic (YURINCIC)
(a) Residence, No. 6210 Reichman St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Yurincic
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21-1860
7. AGE YEARS 74 MONTHS 9 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. Coal Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
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) Unknown Austria

FATHER
13. NAME John Yurincic
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Austria

MOTHER
15. MAIDEN NAME Barbara Lakic
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Austria

17. INFORMANT (ADDRESS) Mrs. Mary Yurincic 6210 Reichman
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Jan 2 1935
19. UNDERTAKER (ADDRESS) L. B. Tanner 6107 Natural Bridge Rd
20. FILED 12-31- 1934 H A Baehmer Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/31, 1934
22. I HEREBY CERTIFY, That I attended deceased from 12-29, 1934, to 12/31, 1934
I last saw him alive on 12/31, 1934 Death is said to have occurred on the date stated above, at 12:01 a.m.
The principal cause of death and related causes of importance were as follows:
Bi-lateral fibrinous pneumonia 2 upper lobes of lung & lower lobe of lung. Date of onset 12-27-34
Other contributory causes of importance:
Toxemia & Senility
Arrhythmia (Extrasystoles)
Myocarditis
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? 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? No
If so, specify
(Signed) Edwin J. Casey, M. D.
(Address) 1314 Hamilton Ave

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.