

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

Do not use this space.

SEP 16 1935

28243

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Josephine Heitkamp Hospital. St. Ward)

File No. 7382
 Registered No.

2. FULL NAME Anthony Kraljevac.
4641 Tyrolean ave. St. 15 Ward.
 (a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State)
 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amalie Kraljevac</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1/16/09</u>		
7. AGE YEARS <u>26</u>	MONTHS <u>7</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Iron worker</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Monona Mfg.</u>
10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22, 1935, to Aug 29, 1935.
 I last saw him alive on Aug 29, 1935. Death is said to have occurred on the date stated above, at 8 A. m.
 The principal cause of death and related causes of importance were as follows:
gangrenous appendicitis
 Date of onset: 1/11

Other contributory causes of importance:
Acute salivary infection

Name of operation Appendectomy Date of 8/29/35
 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? no.
 If so, specify.....
 (Signed) W. J. Grand, M. D.
 (Address) 315 So. Grand

12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Jugo-Slavia

FATHER
 13. NAME Steve Kraljevac
 14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Jugo-Slavia

MOTHER
 15. MAIDEN NAME Rose Jansky
 16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Jugo-Slavia

17. INFORMANT Amalie Kraljevac
 (ADDRESS) 4641 Tyrolean ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE New Picker DATE 8/31, 1935

19. UNDERTAKER W. C. Maydell
 (ADDRESS) 1956 Gellert

20. FILED 1935 19.....
W. J. Grand
 Registrar.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD

