MAY 21 1936

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

791

Do not use this space.

21033

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5239

City St Louis Mo (No. Josephine Hospital St. ..... Ward)

2. FULL NAME Anthony R Percich

(a) Residence, No. 2351 Hickory St., 22 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31-17

7. AGE: YEARS 18 MONTHS 11 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lobster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day
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) St Louis Mo

FATHER

13. NAME Peter Percich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Croatia

MOTHER

15. MAIDEN NAME Frances Bozich
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Croatia

17. INFORMANT (ADDRESS) Peter Percich 2351 Hickory St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE May 18 1936

19. UNDERTAKER (ADDRESS) W. C. Mayfield 1926 Allen

20. FILED MAY 16 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-10, 1936, to May 15, 1936

I last saw him alive on May 14 1936. Death is said to have occurred on the date stated above, at 12 45 P m.

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

	Date of onset
Subacute Bacterial	5-10-36
Endocarditis	
Septicemia	5-10-36
56	

Other contributory causes of importance: Rheumatic Endocarditis 1930

Name of operation None 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) R. D. Furlong, M. D.

(Address) 5669 Delmar

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.

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