82

MAY 26 1936

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

791

Do not use this space.

21153

1. PLACE OF DEATH

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

Township..... Primary Registration District No..... Registered No. 5361

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

2. FULL NAME Nikola Belobrajdic

(a) Residence, No. 1921 South 11 Str St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 5, 1895

7. AGE: Years 40 | Months 5 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Foundry

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): Croatia

FATHER

13. NAME: Joseph Belobrajdic

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Croatia

MOTHER

15. MAIDEN NAME: Anna Klovocak

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Croatia

17. INFORMANT: Katie Belobrajdic
(ADDRESS) 1921 South 11 Str.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S. Peter & Paul DATE May 20, 1936

19. UNDERTAKER: Jos. G. Mondell
(ADDRESS) 1926 Allen Ave.

20. FILED MAY 21 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May. 18, 1936 19

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 5.20 P.M.

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

Pulmonary Atten. Dehiscis
Partial Atelectasis - Emphysema
Lungs - Pulmonary Atten
Thrombosis

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy? yes.

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) Harold L. Gehlhausen, M. D.

(Address) Depew

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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