

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.

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County .....

Registration District No. **791**

Township .....

Primary Registration District No. **1003**

B. City **10029**

St. **Louis, Missouri**

City Hospital No. **1**

File No. **39588**

Registered No. **10631**

St. .... Ward)

2. FULL NAME

**Joseph Kuturovac**

(a) Residence, No. **328 a Sidney** St., **23** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **21** yrs. **3** mos. **1** 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)

**July 22, 1915**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

**21**

**3**

**1**

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.

**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, Missouri**

FATHER

13. NAME

**Charles Kuturovac**

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

**Europe (Bohemia)**

MOTHER

15. MAIDEN NAME

**Mary Muich**

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

**Louisiana**

17. INFORMANT (ADDRESS)

**Hosp/ Info. M. H. Kent City Hospital No. 1**

18. BURIAL, CREMATION, OR REMOVAL PLACE

**St. Louis, Mo. St. Paul** DATE **Oct. 24** 19**36**

19. UNDERTAKER (ADDRESS)

**John C. Mayfield 1926 Allen Ave.**

20. FILED

**87 100** 19

**J. P. Bredeck Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10 21/36** 19

22. **HEARBY CERTIFY** that I attended deceased from **10/6/36** to **10/21/36**

I last saw him **10/21/36** 19

I last saw him **10/21/36** 19. Death is said to have occurred on the date stated above, at **7.45p** m.

The principal cause of death and related causes of importance were as follows: **Gangrenous appendicitis** (Date of onset)

**St. Louis, Missouri**

Other contributory causes of importance: **181**

Name of operation **Bronchopneumonia** Date of **10/21/36**

What test confirmed diagnosis? **guti** 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 **St. Louis, Missouri** M. D.

(Signed) **St. Louis, Missouri** City Hospital No. 1

