

MAR 26 1937

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

Do not use this space.

8918

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. **791**
City St. Louis, Mo. (No. 2622 Thomas St.) **1003**

File No.
Registered No. 2805
..... St. Ward)

2. FULL NAME Frank Mohorovich

(a) Residence, No. 2622 Thomas St., St., 21 Ward.
(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 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 Susanna Mohorovich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 7 19

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. Not employed
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) Jugo Slavia

13. NAME Anthony Mohorovich

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Frank Mohorovich
2622 Thomas St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 3/13/37

19. UNDERTAKER (ADDRESS) Edith E. Ambrose
4234 Manchester

20. FILED St. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 1936 to Feb. 15, 1937
I last saw him alive on Feb. 15, 1937. Death is said to have occurred on the date stated above, at 5.55 A. M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset ?
Arteriosclerosis - nephritis
Undetermined

Other contributory causes of importance:
Arteriosclerosis - nephritis
Undetermined

Name of operation..... Date of.....
What test confirmed diagnosis? Physical exam. 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) M. A. Pollack, M. D.
(Address) 320 Metropolitan Bldg

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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