APR 9 1937

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

Do not use this space.

File No. 10071
Registered No. 2632

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis, Mo. (No. Christian Hospital St. ..... Ward)

2. FULL NAME Mate Klaric

(a) Residence, No. 5120 Robin Ave. St., 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
About	50			

OCCUPATION

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

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

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 Martin Klaric

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

MOTHER

15. MAIDEN NAME Mary

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

17. INFORMANT John Klaric
(ADDRESS) 5970 Lalite

18. BURIAL, CREATION, OR REMOVAL
PLACE Calvary Cemetery DATE March 8 1937

19. UNDERTAKER Geo. C. Mandell
(ADDRESS) 1926 Allen Ave.

20. FILED MAR 7 1937 J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1937, to Mar 6, 1937
I last saw h. alive on Mar 6, 1937. Death is said to have occurred on the date stated above, at 9:10a.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2

Other contributory causes of importance:

Pleural Effusion	

Name of operation ..... Date of ..... No
What test confirmed diagnosis? Phys. Exam. 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) John G. McFarney, M. D.
(Address) 4701 St. Louis Av.

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.