

Every year or 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.

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

Do not use this space.

OCT 14 1937

32208

1. PLACE OF DEATH

County.....
Township.....
City Saint Louis

Registration District No. 791
Primary Registration District No. 1008
(No. Josephine Heitkamp Hospital)

File No.....
Registered No. 8262
St. Ward)

2. FULL NAME Infant Sajkovich

(a) Residence, No. 2632 McNair St., 23 Ward.
(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. (If nonresident, give city or town and State)

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) Sept. 1, 1937

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Saint Louis
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Stanley Sajkovich
14. BIRTHPLACE (CITY OR TOWN) Czecho-Slovakia
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Evelyn Ford
16. BIRTHPLACE (CITY OR TOWN) Shreveport
(STATE OR COUNTRY) Louisiana

17. INFORMANT Evelyn Ford Sajkovich
(ADDRESS) 2632 McNair

18. BURIAL, CREMATION, OR REMOVAL
Old Saint Peter & Paul DATE Sept. 2 37

19. UNDERTAKER Thomas J. Finan
(ADDRESS) 1519 South Grand Blvd.

20. FILED SEP 2 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 1937, to Sept 1, 1937.
I last saw him alive on Sept 1, 1937. Death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

Post Full Term Stillborn
Date of onset
Other contributory causes of importance: - - -

Name of operation..... 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? 1
If so, specify.....
(Signed) Edward H. French, M. D.
(Address) 1504 So Grand

