

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

36459
Do not use this space.

NOV 15 1937

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1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No. **1**
 (c) City **St. Louis, Mo.** (d) Street No. **Missouri Baptist Hosp.** Registered No. **10036** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **PAUL SARIC**

(a) Residence, No. **1618 Chestnut St.** St. **25** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) **About 1885**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
About 52 Unknown Unknown

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Salesman**
 9. Industry or business in which work was done, as 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**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **William Pispalis 5445 Holly Hills Blvd.**

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) **St. Peter's Cemetery Nov 1 - 1937**
88, Peter Paul Cem. Oct. 30

19. FUNERAL DIRECTOR (ADDRESS) **Tom C. Mayhew 1926 Allen Ave.**

20. FILE NO. **1661 58 130** 19 **J. Bredek** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-28-1937**

22. I HEREBY CERTIFY, That I attended deceased from **10-20**, 19**37**, to **10-28-**, 19**37**
 I last saw h. **in** alive on **10-27, 5**, 19**37**. Death is said to have occurred on the date stated above, at **3 A. m.**
 The principal cause of death and related causes of importance were as follows:

Coronary of stomach
Heardan Coronary of small bowel (Ulcer)
 Date of onset **1.1.36**
 Other contributory causes of importance:
Exploratory Laparotomy Date of **10-26-37**
 What test confirmed diagnosis? **clinical** 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 **Churland, Churland** M. D.
 (Signed) **J. O. H. Grand** M. D.
 (Address) **508 N. Grand Blvd**
St Louis Mo.

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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STATEMENT BY LICENSED EMBALMER

I, Wm. C. Moydell, Licensed Embalmer No. 1467

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Wm. C. Moydell

Licensed Embalmer No. 1467

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)