

DEC 13 1937

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

Do not use this space.

39868

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1008

City St. Louis

(No. 2018 S. 11th St.

File No.

Registered No. 10855

St. Ward)

2. FULL NAME Anna Obranovich

(a) Residence, No. 2018 S. 11th St. St. 23 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female White Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF Mike Obranovich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. About 66 Unknown Unknown

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

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

13. NAME John Zdela

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Katherine Sinovich (ADDRESS) 2018 S. 11th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New SS. Peter & Paul Nov. 25 1937

19. UNDERTAKER J. B. Moyall (ADDRESS) 1926 Allen Ave.

20. F. S. Bredbeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-6-1937, to 11-23-1937

I last saw him alive on 11-22-1937 Death is said

to have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 8-6-37

Other contributory causes of importance:

Rheumatic Arthritis Chronic

Name of operation none Date of

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 (Signed) Louis F. McQuay, M. D. (Address) 1831-89th St.

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.

23 5 899 29 29 31

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.

Signed Wm. C. Moydell

License No. 1467