

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

1296

Do not use this space.

791
1008

1. PLACE OF DEATH **Feb 12 1938**

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No..... Registered No. **1152**

(c) City **St. Louis,** (d) Street No. **Firmin Desloge Hospital** 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 **50** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **50** yrs. mos. ds.

2. PRINT FULL NAME **John Gojmerac 256**

(a) Residence, No. **2411 Salena Str.** St. **23**
(Usual place of abode, if no street address, write county or city) (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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Katherine Gojmerac**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1867**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
About 70 unknown

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **Laborer**
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 7**

FATHER 13. NAME **Ivan Gojmerac 7**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Croatia 9**

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **George Gojmerac 2411 Salena Str.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Feb. 1, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Wm. C. Moydell 1926 Allen Ave**

20. FILED **JAN 31 1938** **J. F. Bredek** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 30, 1938 19**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 13**, 19**38**, to **Jan. 29**, 19**38**

I last saw him alive on **Jan. 29**, 19**38**. Death is said to have occurred on the date stated above, at **10.25 P.M.**
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia Date of onset **Jan. 27, 1938**
Generalized Arteriosclerosis **Uncertain**

107a

Other contributory causes of importance:
Possible Malignant tumor of lung with Bone Metastases
Metastases **Uncertain**

Name of operation **None** Date of **Physical exam and Laboratory exam**
What test confirmed diagnosis? **Laboratory 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 **Gojmerac**, M. D.
(Signed) **Gojmerac** (Address) **1325 S. Grand Blvd.**

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.

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. 1467
working under my personal supervision.

Signed

Wm. C. Moydell

Licensed Embalmer No. _____

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.)