

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17065

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township **St. Louis** Primary Registration District No. **1008**
 (c) City (d) Street No. **City Hospital No. 1** 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

George Relich **420**
 (a) Residence, No. **2214 Menard** St. **23** (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) **married**

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 51 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) **7**
Sgo Slavia

FATHER 13. NAME **9**
Kusma Relich

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

MOTHER 15. MAIDEN NAME **7**
Martha Drazich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Yugo Slavia

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Hope** DATE **May. 30. 1938**

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

20. FILED **MAY 28 1938** **J. B. Budiek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/27/38** 19

22. I HEREBY CERTIFY, That I attended deceased from **5/26/38**, 19 **5/28/38**, 19

I last saw him on **5/27/38**, 19. Death is said

to have occurred on the date stated above, at **1.45 p**
 The principal cause of death and related causes of importance were as follows:

Syphilis, cardiovascular
aortic insufficiency

Other contributory causes of importance: **JK**

Name of operation Date of
 What test confirmed diagnosis? 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?

If so, specify **Dr. Maxwell**, M. D.
 (Signed) **Dr. Maxwell**

(Address) **City Hospital No. 1**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

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

Signed

Benjamin C. Durian

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen Ave*

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.)

If this body is not embalmed, above space should be left blank.