

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH20368
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. ds. (f) yrs. mos. ds.

(b) Length of residence in city or town where death occurred **6. 15050** yrs. mos. ds.

2. PRINT FULL NAME

Paul Uremovich **6.51**
 (a) Residence, No. **2632 a Chateaus** **22** (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) **Feb 18, 1894**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 **3** **29**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Steelworker**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Steel Slavia**
 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) **Jugo Slavia** **7**

FATHER 13. NAME **Jandre Uremovich** **7**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jugo Slavia** **7**

MOTHER 15. MAIDEN NAME **Anna Buneta**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jugo Slavia**

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**
City Hospital #1

18. BURIAL, CREMATION, OR REMOVAL PLACE **New SS. Peter & Paul** DATE **6/20** 19 **38**

19. FUNERAL DIRECTOR (ADDRESS) **William C. Moydell**
1926 Allen Avenue

20. FILED **JUN 18 1938** **J. B. Brudeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/17/38** 19

22. I HEREBY CERTIFY, That I attended deceased from **1/12/38** 19, to **6/17/38** 19

I last saw him live on **6/17/38** 19. Death is said to have occurred on the date stated above, at **5.30 p**

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

Pulmonary Tuberculosis

Other contributory causes of importance: **J. B.**

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.....

Signature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **V. E. Friedlander** M. D.

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

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Benj. C. Duncan* _____

Licensed Embalmer No. 2272

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.)