

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.

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

37911
 Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis Mo. (d) Street No. 3158 Nebraska Ave. St. 791
 (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

(a) Residence, No. 3158 Nebraska Ave. St. 24
 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 - 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
 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) St. Louis Mo.

FATHER 13. NAME Nick Dopuch
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jugoslavia

MOTHER 15. MAIDEN NAME Dorothy Savich
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jugoslavia

17. INFORMANT (ADDRESS) Nick Dopuch 3158 Nebraska Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sun Set Park DATE Nov 26 1938

19. FUNERAL DIRECTOR (ADDRESS) Thos. A. Curtis 2906 Gravois Ave.

20. FILED NOV 26 1938 J. F. Bredich Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24-38

22. I HEREBY CERTIFY, That I attended deceased from 11-20-38 to 11-24-38, 1938.
 I last saw him alive on 11-24-38, 1938. Death is said to have occurred on the date stated above, at 11:30 pm.
 The principal cause of death and related causes of importance were as follows:

Myocarditis caused by infective focus from diphtheritic
 Date of onset
 Other contributory causes of importance:
~~from diphtheritic~~
~~Rheumatism~~

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
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Myocarditis
 (Signed) J. F. Bredich, M. D.
 (Address) 4930 Lindbergh

STATEMENT BY LICENSED EMBALMER

I, THOS. KUTIS., Licensed Embalmer No. 1619.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by THOS. KUTIS.

L. E. 1619

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

Signed

Thos. Kutis

Licensed Embalmer No. 1619

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.)