

RECD MAR 13 1939

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

5067
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, Missouri** (d) Street No. **City Hospital #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

Anna Mihic
(a) Residence, No. **1109 Montgomery Street** St. **26**
(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1886**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 54

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
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) **Croatia**

FATHER 13. NAME **John Vramsa**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Steve Mihic**
(ADDRESS) **1109 Montgomery Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New SS. Peter & Paul** DATE **Feb. 23** 19 **39**

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

20. FILED **FEB 23 1939** **J. B. Budek** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 21st 39**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **4:30 A.M.**

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

Fracture of Skull and Extracerebral Haemorrhage of Brain as a result of walking into the steps.

Other contributory causes of importance:
Plant matter of machine driven by one James Moran 150 feet No. 8 cog wheel 13 inch about 70° Feb. 18, 1939

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? **Accident** of injury **2/21/39**

Where did injury occur? **St. Louis, Mo.**
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. **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) **Joseph M. Quinn**

(Address) **Deputy Coroner**

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 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.....

Licensed Embalmer No.....

P. O. Address.....

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.