

1939 APR 12 1939

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

8216
Do not use this space.

1. PLACE OF DEATH

(a) County C.C. 1 Registration District No. 791
(b) Township 1003 Primary Registration District No. 1003
(c) City St. Louis Mo. (d) Street No. Missouri Baptist Hosp. 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.

Registered No. **1981**

2. PRINT FULL NAME

(a) Residence, No. 1022 Tony Marusic
7445 Hoover St. **NR** Richmond Heights Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) About 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
About 45 Unknown Unknown

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mon. Feb. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1939, to Feb 27, 1939
I last saw him alive on Feb 27, 1939. Death is said to have occurred on the date stated above, at 4:45 P.M.
The principal cause of death and related causes of importance were as follows:

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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

Date of onset Feb 22
Lobar pneumonia
Other contributory causes of importance: 108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Croatia 713. NAME Marin Marusic 714. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Croatia 915. MAIDEN NAME Jelo (Unknown)16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) George Buban
4137 Chippewa Ave.18. BURIAL, CREMATION, OR REMOVAL New SS. Peter & Paul DATE Mar. 2 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. C. Moydell
1926 Allen Ave.20. FILED 19
J. B. Brudick Local RegistrarName 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 _____
(Signed) Joseph D. Cieri, M. D.
(Address) 1462 N. Taylor

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
of information about the cause of death. Do not write "heart failure" unless you are certain that the heart was the cause of death. Do not write "old age" unless you are certain that the person died of old age. Do not write "natural causes" unless you are certain that the person died of natural causes. Do not write "illness" unless you are certain that the person died of an illness. Do not write "died" unless you are certain that the person died. Do not write "expired" unless you are certain that the person died. Do not write "passed away" unless you are certain that the person died. Do not write "went to heaven" unless you are certain that the person died. Do not write "left this world" unless you are certain that the person died. Do not write "departed" unless you are certain that the person died. Do not write "passed" unless you are certain that the person died. Do not write "expired" unless you are certain that the person died. Do not write "passed away" unless you are certain that the person died. Do not write "went to heaven" unless you are certain that the person died. Do not write "left this world" unless you are certain that the person died. Do not write "departed" unless you are certain that the person died. Do not write "passed" unless you are certain that the person died.

MAR 8 1939

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 me

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

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo

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.