

REC'D AUG 11 1939

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **6188**

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.

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri

(c) Name of hospital or institution: City Hospital **1**

(d) Length of stay: In hospital or institution 17 days

In this community 5 YEARS.

3. (a) PRINT FULL NAME Steve Jovanovich **151**

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE **5. Color or race** WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased APRIL 10 1886

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>3</u>	<u>2</u>	hr. _____ min.

9. Birthplace JUGO SLAV **7**

10. Usual occupation NIL **7**

11. Industry or business _____

MOTHER FATHER

12. Name MAT. JOVANOVICh

13. Birthplace JUGO SLAV

14. Maiden name MARY BARICEVICH

15. Birthplace JUGO SLAV.

16. (a) Informant's own signature Mary Jovanovich

(b) Address 1568 Sanford

17. (a) BURIAL **(b) Date thereof** JULY 15 1939

(c) Place: burial or cremation OLD S.S. PETER & PAUL

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette av.

19. (a) JUL 13 1939 **(b) J. J. Brudick**

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____

(c) City or town ST. LOUIS **4**

(d) Street No. 1568 SANFORD AV.

(e) If foreign born, how long in U. S. A.? 20 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day July year 1939 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from 6/26/39 to 7/12/39 that I last saw him alive on 7/12 and that death occurred on the date and hour stated above.

Immediate cause of death Probable Tuberculosis Pulmonary

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(e) Means of injury _____

While at work? _____

23. Signature Geo. M. Pipe (M. D. or other) _____

Address City Hospital **Date signed** _____

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 Joe B. Hollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette a

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.