

NOV 13 1939 791
Registration District No. **1008**

Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME FERDINAND BARAC **1020**

8. (b) If veteran, name war nil 8. (c) Social Security No. H93-10-6669

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Barac 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased About 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 57 Unk Unk hr. min.

9. Birthplace Croatia
(City, town, or county) (State or foreign country)

10. Usual occupation Stone Mason

11. Industry or business _____

12. Name Ferdinand Barac

13. Birthplace Croatia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Barac

(b) Address 5443 Robin Ave.

17. (a) Burial (b) Date thereof Oct. 14-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Am. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) OCT 13 1939 (b) J. B. Barac
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") **71**
(d) Street No. 5443 Robin Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12
year 1939 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct. 6, 1939, to Oct. 12, 1939
that I last saw him alive on Oct. 12, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor malignant Duration 8 mos.

Due to 53

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

Major findings: Craniotomy
Of operations _____
Of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Henry Habber (M. D. or other) **!**
Address Barnes Hosp. Date signed 10-13

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. **PLEASE PRINT IN UNFADING BLACK INK—MAKE A PERMANENT RECORD**

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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 Benj. C. Duman

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.