

JAN 12 1940

791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41832  
State File No.

10955  
Registrar's No.

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County City  
(b) City or town St. Louis, Mo 3  
(c) Name of hospital or institution  
1701 Menard St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40  
(Specify whether  
In this community 33 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1716<sup>a</sup> Menard St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 33 yrs years.

3. (a) PRINT  
FULL NAME

Cvetko Momirski 360

3. (b) If veteran,

name war no

3. (c) Social Security

No. 481-13-7994

4. Sex male

5. Color or  
race white

6. (a) Single, married,  
divorced Married

6. (b) Name of husband or wife  
Danica Momirski

6. (c) Age of husband or wife if  
alive 57 years

7. Birth date of deceased Aug  
(Month)

11, 1869  
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

70

4

10

hr.

min.

9. Birthplace

Petrograd  
(City, town, or county)

Yugo Slava  
(State or foreign country)

10. Usual occupation

Labarer

7

11. Industry or business

Rope Co

MOTHER FATHER { 12. Name

Vlado Momirski

18. Birthplace

Petrograd  
(City, town, or county)

Yugo Slava  
(State or foreign country)

14. Maiden name

Cyeta Pivirski

15. Birthplace

Petrograd  
(City, town, or county)

Yugo Slava  
(State or foreign country)

16. (a) Informant's own signature

Frank Dalich

(b) Address

1714<sup>a</sup> Menard

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

12/23/39  
(Month) (Day) (Year)

(c) Place: burial or cremation

Mt Hope cem.

18. (a) Signature of funeral director

Peter Chubik

(b) Address

1716 So. Jefferson

19. (a) DEC 23 1939

(Date received local registrar)

J. T. Brudick  
(Registrar's Signature)

MEDICAL CERTIFICATION

No physician in attendance

20. DATE OF DEATH: Month December day 21st  
year 1939 hour 9.00 minute A. M.

21. I hereby certify that I attended the deceased from

\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Sclerosis;  
Arteriosclerosis.

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 places, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_

(Specify type of place)

(d) Means of injury 4

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_

Address Alpady Labarer Date signed 12.23.39

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. 1591

P. O. Address 4106 E. Botom

**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.**