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No. 2
11-10-39
5-17-39
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FILED APR 15 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9292
Registrar's No. 2775

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Stella Charwick (Cavich)
3. (b) If veteran, name war nil 3. (c) Social Security No. nil

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Cavich 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased About 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 61 Unknown hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Sam Pakovich
13. Birthplace Austria
(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 Mary Charwick
(b) Address 707a Lami St.

17. (a) Burial (b) Date thereof Mar. 26-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director J. C. May dell
(b) Address 1926 Allen Ave
19. (a) Mar 25 - 1940 (Date received local registrar) J. F. Budich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State St. Louis (b) County _____
(c) City or town Missouri 23
(If outside city or town limit, write "RURAL")
(d) Street No. 707a Lami St. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 23,
year 1940 hour 11:15 minute P. M.
21. I hereby certify that I attended the deceased from March
11, 1940, to March 23, 1940;
that I last saw her alive on March 23, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
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 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 R. P. Lewis (M. D. or other) _____
Address 1515 Lafayette Date signed 3/25/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Ave., St. Louis,

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.