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MAY 15 1940

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State File No.

Registrar's No.

3300

Registration District No.

Primary Registration District No.

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:
5122 Riverview Blvd.
(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) 2 11 14

8. (a) PRINT FULL NAME John Sokolich

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Barbara Sokolic 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased August 15th, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 7 23 hr. min.

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

10. Usual occupation Night Watchman 7

11. Industry or business { 12. Name Jospeh Sokolic 7

13. Birthplace Croatia 7
(City, town, or county) (State or foreign country)

14. Maiden name Katerina Dobric

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

16. (a) Informant Barbara Sokolic
(b) Address 5122 Riverview Blvd.

17. (a) Burial (b) Date thereof: April 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director W. B. Maydell
(b) Address 1926 Allen Avenue

19. (a) APP 10 1940 (b) _____
(If received by mail, date of receipt) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 5122 Riverview Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 36 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year 1940 hour 5 minute 25 P.M.

I hereby certify that I attended the deceased from February 7th 1940 to April 8th 1940
that I last saw him alive on April 8th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poisoning 3 days

Due to Chronic Nephritis and Paralysis 8 months
Due to Caused by chr. nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations X 131
Of autopsy X

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 Martin L. Brockmeier M.D. or other _____
Address 4902 St. Louis Ave. Date signed 4/8/40

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

MOTHER FATHER

YAM 078

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. Thomas
Licensed Embalmer No. 2272
P. O. Address 1926 Allin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

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