

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3895

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town ST. LOUIS  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1420 S. EWING AV. 2  
 (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 GEORGE KOMADINA. 535

8. (b) If veteran, name war \_\_\_\_\_ 3. (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 MARY KOMADINA 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased APRIL 20 1878  
 (Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business STEEL WORKER.

12. Name EMIL KOMADINA

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

14. Maiden name ANNIE UNK.

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

16. (a) Informant emary Komadina

(b) Address 1420 S. Ewing Av.

17. (a) BURIAL (b) Date thereof MAY 1 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW SS. PETER & PAUL

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

(b) Address 3125 Lafayette Av

19. (a) APR 30 1940 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County \_\_\_\_\_  
 (c) City or town ST. LOUIS 22  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1420 S. EWING AV.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 35 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 28  
 year 1940 hour 5 minute 10 p. M.

21. I hereby certify that I attended the deceased from April 21<sup>st</sup>, 1940 to April 28<sup>th</sup>, 1940  
 that I last saw him alive on April 28<sup>th</sup>, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Stomach  
 Duration few months

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations H/O

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? \_\_\_\_\_ (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 J. Ruckmeyer D. or other \_\_\_\_\_

Address 4902 St. Louis Ave. Date signed 4/29/40

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

MOTHER FATHER

**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.....

*Jose Ballma*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

**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.**