

No. 2
-10-39
17-39
X21492

7911

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 7352

1. PLACE OF DEATH: St. Louis, Mo

(a) County _____

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days
(Specify whether _____)

In this community 3 1/2 years
years, months or days)

8. (a) PRINT FULL NAME VICTOR SVEDRUZIC

8. (b) If veteran, name war None

3. (c) Social Security No. Nil

4. Sex m

5. Color or race w

6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased: About 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>53</u>				hr. min.

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

10. Usual occupation: Bricklayer (Retired)

11. Industry or business _____

MOTHER FATHER

12. Name Louis Svedrun

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

14. Maiden name Amelia Austin

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

16. (a) Informant Louisa Austin

(b) Address 2713 S. 9th Street

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Sept 3-1940
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Wm C. Maynard

(b) Address 1926 Allen Avenue

19. (a) SEP 2 1940
(Date received local registrar)

(b) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2613 S. 11th St. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. 3 1/2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 1
year 40 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from 8-14
19 40 to 9-1, 19 40

that I last saw him alive on _____, 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach with Generalized Metastasis

Duration _____

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

Major findings: _____

Of operations _____

Of autopsy Ca of Stomach

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? _____

23. Signature E. H. Gress
While at work? _____ (Specify type of place) (a) Means of injury _____

(b) _____

Address City, Mo Date signed _____

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

Benj. C. Duncan

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.