No. 2
3-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37276

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 9549

FILED DEC 7 1940

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: 1214a Chambers St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 45 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Miasouri. (b) County 25
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 1214a Chambers St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 45 Years. years.

3. (a) PRINT FULL NAME Anton Vicic.
3. (b) If veteran, name war No.
3. (c) Social Security No. None.
4. Sex Male.
5. Color or race White.
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Late Mabel Vicic.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 6th. ~~1875~~ 1866. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	5	14	hr. min.

9. Birthplace Europe. (City, town, or county) (State or foreign country)
10. Usual occupation Unemployed 2years.
11. Industry or business Nationa l Lead Co.
FATHER 12. Name Unknown.
13. Birthplace Unknown. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)
16. (a) Informant James Spaecutella.
(b) Address 1214a Chambers St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-40. (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul
18. (a) Signature of funeral director Leidner Und. Co.
(b) Address 2223 St. Louis Ave.
19. (a) NOV 21 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20 year 1940 hour 2 minute 20 A.M.
21. I hereby certify that I attended the deceased from 9-25, 1940, to 11-20, 1940; that I last saw him alive on 11-19-40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Pulmonary Tuberculosis. 2 years
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 1107 Carr Av. Date signed 11/20/40

(Licensed Embalmer's Statement on Reverse Side)

Dr Sanders 1502 cars and
10-12 noon

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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

If this body is not embalmed, fact should be so stated above.