No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40615

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10386

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

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis, Mo.
(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 ..... (Specify whether
In this community About 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1205 Emmett Street 23
(If rural, give location)

(e) If foreign born, how long in U. S. A. About 40 Years years.

No Attending Physician

3. (a) PRINT FULL NAME Joseph Zoretich

3. (b) If veteran, name war None

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 Pauline Zoretich

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

7. Birth date of deceased (Month) (Day) 1886 (Year)

8. AGE: Years Abt. 54 | Months -- | Days -- | If less than one day ..... hr. ..... min.

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

10. Usual occupation Laborer 7

11. Industry or business

FATHER
12. Name Ivan Zoretich 7
13. Birthplace (City, town, or county) Croatia (State or foreign country)

MOTHER
14. Maiden name (Unknown) Pilcic
15. Birthplace (City, town, or county) Croatia (State or foreign country)

16. (a) Informant Frank Relja
(b) Address 1049 Hampton Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter & Paul

18. (a) Signature of funeral director Wm C Morphett
(b) Address 1926 Allen Avenue

19. (a) DEC 18 1940 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17
year 1940 hour 7.30 minute P M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;
that I last saw h..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from Laceration of right lung

Due to Liver and right kidney and fracture of the 2nd to 10th ribs

Due to On the right side when he walked into the path of a automobile driven by one

Other conditions (Include pregnancy within 3 months of death) Walter Joseph Koberg

Major findings:
Of operation about 5.30 P.M. Dec 17. 1940 at 12th & Emmett

Of autopsy

Duration

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) Accident
(b) Date of occurrence Dec 17 1940
(c) Where did injury occur? St Louis (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury

23. Signature James J. Fitzsimmons Coroner (M.D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. 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 w the above constitutes grounds for revocation of license.)

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