

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

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(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:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days** (Specify whether
In this community **45** years, months or days)

3. (a) PRINT FULL NAME **Pauline Dragich**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Wid. 9**
6. (b) Name of husband or wife **Gusma Dragich**
6. (c) Age of husband or wife if alive **About 1861** years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 80 Unknown hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mary Sinovich**
(b) Address **1916 A S. 12 Str.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Mar. 22, 41** (Month) (Day) (Year)
(c) Place: burial or cremation **Old S. S. Peter & Paul**

18. (a) Signature of funeral director **J. W. Breddeck**
(b) Address **1926 Allen Ave.**

19. **MAR 20 1941** (Date received local registrar) (b) **J. W. Breddeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **23**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **000**
(d) Street No. **1916 A S. 12 Str.** (If rural, give location) **17**
(e) Citizen of foreign country? **45** (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **19**, year **1941** hour **6:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 17**, 19 **41** to **March 19**, 19 **41**
that I last saw her alive on **March 19**, 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **3 days**
Due to **Essential Hypertension** **5 yrs.**
Due to **Generalized Arteriosclerosis** **10 yrs.**
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy **none**
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 _____ Means of injury _____
23. Signature **Robert M. Powell** (M.D.) _____
Address **1515 Lafayette Avenue** Date **3/20/41**

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 Benz C. Duman

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, fact should be so stated above.