

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS MO  
(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:  
4042 N. BROADWAY  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 18 yrs  
years, months or days

3. (a) PRINT FULL NAME GEORGE GOMERICH

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 333-03-3668

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOSEPHINE GOMERICH 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased MARCH 12 1886  
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 3 If less than one day hr. min.

9. Birthplace YUGO-SALVIA (City, town, or county) (State or foreign country)

10. Usual occupation STEEL-WORKER

11. Industry or business NATIONAL-ENAMELING CO.

12. Name STEVE GOMERICH

13. Birthplace YUGO-SALVIA (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 MISS OLGA GOMERICH

(b) Address 4042 N. BDWY.

17. (a) BURIAL (b) Date thereof APRIL 18 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th

19. (a) APR 18 1941 (b) J. T. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000  
(c) City or town ST. LOUIS 7 26  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4042 N. BROADWAY  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 18 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15  
year 1941 hour 1-00P minute M.

21. I hereby certify that I attended the deceased from 1937 to 4/15, 1941;  
that I last saw him alive on 4/15, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus.

Due to Coronary Heart disease  
2 Angina.

Due to \_\_\_\_\_  
Other conditions Chronic gastritis  
(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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John P. Ferraro M.D. (M. D. or other)  
Address 3204 Skene Ave Date signed 4/16/41

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P.O. Address 4264 Prairie

**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.**