

FILED MAR 17 1942 791

STANDARD CERTIFICATE OF DEATH  
1003

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 1761

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (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 Sanitarium 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 mos. 20 ds.  
 (Specify whether  
 In this community about 34 years  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_ 22.000  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2809 LaSalle St.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN DROZICH

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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

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

8. AGE: Years about 55 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace unknown Austria 4  
 (City, town, or county) (State or foreign country)

10. Usual occupation Stonemason

11. Industry or business \_\_\_\_\_

12. Name unknown

13. Birthplace unknown Austria 4  
 (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown Austria 4  
 (City, town, or county) (State or foreign country)

16. (a) Informant City Sanitarium

(b) Address 5400 Arsenal Str.

17. (a) Burial (b) Date thereof Feb. 26-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm. G. Mayall

(b) Address 1926 Allen Ave.

19. (a) FEB 25 1942 (b) J. F. Czedek  
 (Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24  
 year 1942 hour 6:45 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 5-5-41, 19, to 2-24-42, 19;  
 that I last saw him 1m alive on 2-24-42, 19,  
 and that death occurred on the date and hour stated above.

Immediate cause of death General Paresis May 1941  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_ 30  
 Due to \_\_\_\_\_

Other conditions General arteriosclerosis May 1941  
 (Include pregnancy within 6 months of death) Chronic Myocarditis

Major findings: Of operations \_\_\_\_\_  
 Of autopsy No 43  
 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) \_\_\_\_\_ (Means of injury)  
 23. Signature Robert O. Smith (M. D. or other) \_\_\_\_\_  
 Address 5400 Arsenal St. Date signed \_\_\_\_\_

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**