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5-17-39
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4681

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 17 1942

1003

1625

Registration District No. 791

Primary Registration District No.

Registrar's No.

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: City Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, 2-3
(If outside city or town limits, write "RURAL")
(d) Street No. 2300 Allen Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Cveta Maravich

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color white 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Lazo Maravich 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May, 5, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 15 hr. min.

9. Birthplace Unknown Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown Hungary
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Hungary

15. Birthplace Unknown Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Kathryn Mirairch Davis

(b) Address 2300 Allen Ave.

17. (a) Burial (b) Date thereof 2/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Charles W. Co.

(b) Address 1722 S. Jefferson Ave.

19. (a) FEB 22 1942 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 20
year 1942 hour _____ minute _____ M.

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

Immediate cause of death
Fracture of seven ribs on right side. Hemorrhage. Multiple lacerations wounds of lungs. Suffered when she fell down steps leading to basement at her home on 2/16/42
Other conditions Unknown
(Specify if present within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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 2/16/42
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)
(a) Means of injury 3

23. Signature Thomas J. Callanan (M. D. or other)
Address Deputy Coroner Date signed 2/23/42

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

H. Burgess

Licensed Embalmer No.

4029

P. O. Address

Maplewood

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.