

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947 91

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2207

Registration District No. _____ Primary Registration District No. 1003

DN

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: Isolation Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3/5/42 to 3/7/42
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1606 S. Broadway.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 30 years.

3. (a) PRINT FULL NAME Joe Mirkovich
3. (b) If veteran, name war _____ 3. (c) Social Security No. 315-10-6267

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 7 year 1942 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from 3/5 to 3/7, 1942
that I last saw h. him alive on 3/7, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased Mar. 25, 1893
(Month) (Day) (Year)

Immediate cause of death Purulent meningitis, (no organism discovered) Duration _____
Due to Brain abscess

8. AGE: Years Months Days If less than one day
48 11 70 hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Yugo Slavia
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business _____
12. Name _____
18. Birthplace Yugo Slavia
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Yugo Slavia
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy as given above

16. (a) Informant Stella Grady
(b) Address 5600 Arsenal St.
17. (a) Burial (b) Date thereof 3/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Int. Hope Cem.
18. (a) Signature of funeral director Charles Wood Co.
(b) Address 1722 S. Jefferson
19. (a) MAD 10 1045 (b) J. T. Brudeck
(Date received local registration) (Registrar's signature)

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 Dr. Maxwell (M. D. or other) _____
Address 5600 Arsenal St. Date signed 3/8/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

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, above space should be left blank.