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X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9445**
Registrar's No. **2196**

FILED APR 8 1942

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(c) Name of hospital or institution: **St. Louis City Hospital #1**
(d) Length of stay: In hospital or institution **4 Mos. 7 Days**
In this community **4 Mos. 7 Days**

3. (a) PRINT FULL NAME **Anton Zoricic**
3. (c) Social Security No. **492-01-2829**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mathilda**
6. (c) Age of husband or wife if alive **36** years
7. Birth date of deceased **June 21st, 1888**

8. AGE: Years **53** Months **8** Days **17** If less than one day **hr. min.**

9. Birthplace **Yugo Slavia** **Europe**

10. Usual occupation **Stone Mason**

11. Industry or business
12. Name **Not known**
13. Birthplace **Not known**
14. Maiden name **Not known**
15. Birthplace **Not known**

16. (a) Informant **Mathilda Zoricic**
(b) Address **4858 Austria**

17. (a) **Burial** (b) Date thereof **3/16/42**
(c) Place: burial or cremation **New S. S. Peter & Paul**

18. (a) Signature of funeral director **John Ziegenhain & Sons**
(b) Address **7027 Gravois Ave.**
19. (a) **APR 10 1942** (b) **J. F. Medved**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis, Mo.**
(c) City or town **St. Louis, Mo.**
(d) Street No. **4858 Austria**
(e) Citizen of foreign country? **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **8**, year **1942** hour **8:30** minute **P.** M.
21. I hereby certify that I attended the deceased from **November 1, 1941** to **March 8, 1942**; that I last saw him alive on **March 8, 1942**; and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of colon**

Due to.....
Due to.....
Other conditions.....
Major findings: Of operations.....
Of autopsy **same**

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?.....
(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 **Joseph Don Kavel** (M. D. or other) **3/19/42**
Address **1519 Lafayette Ave.** 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.....

G. P. Kidwell

Licensed Embalmer No.....

3877

P. O. Address.....

7027 Illinois

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.