S. No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16709

State File No.

FILED JUN 2 1942 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4470

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

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17
9

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: Deaconess Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 01

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 426a Bowen St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Stipanovich

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife George Stipanovich

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June, 10, 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	11	9	hr. min.

9. Birthplace ? 8 Yugoslavia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ilia Caravick
13. Birthplace 8 Yugoslavia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha
15. Birthplace 8 Yugoslavia
(City, town, or county) (State or foreign country)

16. (a) Informant George Stipanovich
(b) Address 426a Bowen St.

17. (a) Burial (b) Date thereof 5/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Ehrlich Und. Co.
(b) Address 1722 S. Jefferson Ave.

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

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 5-10-42, 19, to 5-19-'42;
that I last saw her alive on 5-18-'42, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage (Rt)

Due to Hypertension (chr)

Due to Myocarditis chr.

Other conditions Pulmonary Edema.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] MD (M. D. or other)
Address 6639 Va. Date signed 5/21/42

(Licensed Embalmer's Statement on Reverse Side)

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 B W Finn

Licensed Embalmer No. 1591

P. O. Address 4106 a Botanical

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.