

No. 2
-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23037

State File No.

NO AUG 14 1942
Registration District No. 1991

Primary Registration District No. 1003

Registrar's No. 6580

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17
9

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

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:
Luthern Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks, 6 days
(Specify whether years, months or days)

In this community.....
years, months or days

3. (a) PRINT FULL NAME Stana Radovich

3. (b) If veteran, name war.....

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife John Radovich

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 17, 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 14
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown

13. Birthplace Bonjacie Yugoslavia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Miles J. Radovich

(b) Address 2317^a Ann Ave

17. (a) Burial (b) Date thereof Aug. 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Christlind Co.

(b) Address 1723 S. Jeff.

19. (a) AUG 4 1942 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County.....

(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL") 9

(d) Street No. 1918^a S. 3rd. St.
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from June 30 to July 2, 19.....

that I last saw him alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Malignant glioma

Due to.....
secondary chronic

Due to.....

Other conditions.....
(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?.....

While at work?..... (Specify type of place)

(a) Means of injury.....

23. Signature Wm B. Keenan (M. D. or other)

Address 4500 Olive Date signed 8/13

844 (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 *Harry J. Schumacher*
Licensed Embalmer No. *2679*
P. O. Address *732 Luman Ferry Rd*

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.