S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35371

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9859

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:
St, Lukes 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 27

(c) City or town St. Louis 0 27
(If outside city or town limits, write "RURAL")

(d) Street No. 2648 Ann Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Cecelia Florjancic

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown (Month) about (Day) 1877 (Year)

8. AGE: Years About 65 | Months Unknown | Days | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Bercelik
13. Birthplace Unk. 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unk.
15. Birthplace Unk. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Klien
(b) Address 2648 Ann Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/26/42 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director [signature]
(b) Address 1926 Allen Ave.

19. (a) NOV 27 1942 (Date received local registrar) (b) J. F. Budich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1942 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Nov 19, 1942, to Nov. 23, 1942
that I last saw her alive on Nov. 23, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 Hrs
Due to Senility	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 Arthur C. F. Brown (M. D. or other)
Address 3301 Shenandoah Date signed Nov 26/42

(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 Mr

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm L Mogaell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen —

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.