

7. S. No. 2  
DOM-5-42  
Rev. 5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35573

State File No. ....

FILED DEC 7 1942 318

Primary Registration District No. 1003

Registrar's No. 9791

1917

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:  
5510 Gilmore /  
(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:

(a) State Missouri (b) County.....

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

(d) Street No. 5510 Gilmore  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Rako Klerich

3. (b) If veteran, name war No

3. (c) Social Security No. 493-03-1873

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23  
year 1942 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from.....  
....., 19..... to....., 19.....;

4. Sex Male 5. Color or race Wht.

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

6. (b) Name of husband or wife Katerina Klarich

6. (c) Age of husband or wife if alive 58

7. Birth date of deceased Unknown about 1882  
(Month) (Day) (Year)

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

Immediate cause of death.....  
Coronary Sclerosis  
Arterio Sclerosis

Duration.....

8. AGE: Years Months Days If less than one day

About 60 Unknown hr. min.

Due to.....

Due to.....

9. Birthplace.....  
(City, town, or county) Crotia 8  
(State or foreign country) Stone Mason

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

11. Industry or business.....

12. Name Martin Klarich

13. Birthplace.....  
(City, town, or county) Croatia 8  
(State or foreign country)

14. Maiden name Unk.

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

PHYSICIAN.....

Major findings:  
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Katerina Klaric

(b) Address 5510 Gilmore

17. (a) Burial (b) Date thereof 11/26/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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)

18. (a) Signature of funeral director Wm. E. Maydell

(b) Address 1926 Allen Ave.

19. (a) NOV 24 1942 (b) J. F. Brudeck  
(Date received local Registrar) (Registrar's signature)

While at work?..... (e) Means of Injury.....

23. Signature Thomas J. Callanan (M.D. or other)  
Address Deputy Coroner Date signed 11-24-42

844 (Licensed Embalmer's Statement on Reverse Side)

11001

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**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 me

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

working under my personal supervision.

Signed J. M. Davis

Licensed Embalmer No. 3741

P. O. Address. 1926 Allen ave

**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.**