

FILED JAN 14 1943

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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. Anthonys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One day
(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. 1921 South 11 Str.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Barbora Malcic

3. (b) If veteran, name war _____

No

3. (c) Social Security No. _____

4. Sex Female

5. Color or race Wht

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

6. (b) Name of husband or wife Andrew Malcic

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Unknown abt. 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Abt. 74 Unknown hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Michael Jakovac

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

14. Maiden name Kate Pinta

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

MOTHER FATHER

16. (a) Informant Andrew Malcic

(b) Address 1921 South 11 Str.

17. (a) Burial (b) Date thereof 1/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

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

(b) Address 1926 Allen Ave.

19. (a) JAN 3 1943 (b) J. P. Budick
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1
year 1943 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from 12/5, 1942 to 1/1, 1943
that I last saw her alive on 12/31, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Diabetes' Chronic Myocarditis 10 Months 8 Months

Due to Chronic Interstitial Nephritis 8 Months

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)
(e) Means of injury _____

23. Signature Albert J. Bama (M. D. or other) _____

Address 1841 S. 12th Date signed 1/24/43

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

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 *W W Wilkinan*
Licensed Embalmer No. *3575*

P. O. Address.....

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.