

FILED DEC 29 1942 318

Registration District No. _____ Primary Registration District No. 100 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. Louis Children's Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Marion R.R. #13 ONR.
(If outside city or town limits, write "RURAL")

(d) Street No. Big Bend + Barrett Station Rd
(If rural, give location)

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

3. (a) PRINT FULL NAME EUGENE GEORGE PASTROVICH

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1942 hour 2:30 minute P M.

4. Sex male 5. Color or face white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased March 27 1935
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12:00 noon 12-19-42 to 2:30 pm 12-19, 19-42
that I last saw him live alive on 12-19-42, 19____; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>7</u>	<u>8</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death Leukemia

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace St. Louis county Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School boy

Major findings:
Of operations _____

Of autopsy Leukemia

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Sam Pastrovich

13. Birthplace Austria 4
(City, town, or county) (State or foreign country)

14. Maiden name Ely Pastrovich

15. Birthplace St. Louis Mo. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ely Pastrovich

(b) Address Marion R.R. #13 Big Bend + Barrett Sta.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/42
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peter + Paul

18. (a) Signature of funeral director Louis Rapp Inc.

(b) Address Highway, Missouri

19. (a) DEC 22 1942 (Date received local registrar) (b) J. J. Bradach (Registrar's signature)

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 R. J. Bluff (M. D. or other) _____
Address 102 W. Kingsley Date signed _____

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

10678
8290T

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 John M. Meyer
Licensed Embalmer No. 3288
P. O. Address Herkwood Mo

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.