

V. S. No. 2
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Rev. 5-17-34
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

JAN 21 1943

318

1003

Registrar's No. 472

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1808 S. 13 Str.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Stipan Miklich

3. (b) If veteran, name war No 3. (c) Social Security No. -----

4. Sex Male 5. Color or race 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 Unknown About 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 50 Unknown hr. min.

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

10. Usual occupation Foundry Worker

11. Industry or business

12. Name John Miklich

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

14. Maiden name Theresa Ropac

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

16. (a) Informant Dave Blazich

(b) Address 5838 W. Florissant Ave

17. (a) Burial (b) Date thereof 1/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. G. Moyer

(b) Address 19 4986 Allen Ave.
JAN 13 1943

19. (a) (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1943 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Jan - 6 - 1943 to Jan - 15 - 1943;
that I last saw him alive on Jan 15 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia 3 days
Cirrhosis of Liver 2 yrs.

Due to Chronic Cholecystitis 2 mos
Other conditions Chronic Cholecystitis
(Include pregnancy within 3 months of death)

Major findings: Chronic Cholecystitis
Of operations Seven Cirrhosis of Liver
Of autopsy none

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)
23. Signature Clairmont (M. D. or other) MD
Address 508 N. Grand Blvd Date signed 1/16/43

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

MOTHER FATHER

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 Wm. L. Mayall

Licensed Embalmer No. 1467

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.