

No. 2
9-4-41
5-17-39
X2948

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15503

FILED MAY 6 1943

State File No.

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 962

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:
Mount St. Rose Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10/7/42 to 4/20/43
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
12

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

(d) Street No. 3022 Salena
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 1

3. (a) PRINT FULL NAME JOSEPH PAPARIC

3. (b) If veteran, name war NO

3. (c) Social Security No. 492-03-3880

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife FLOSSIE PAPARIC

6. (c) Age of husband or wife if alive. 49 years

7. Birth date of deceased JULY 1 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 19
If less than one day hr. min.

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

10. Usual occupation MOULDER IN

11. Industry or business FOUNDRY

12. Name MAT. PARARIC

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs Flossie Paparic

(b) Address 3022 Salena

17. (a) BURIAL (b) Date thereof APR. 24 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW SSP. & PAUL CEM.

18. (a) Signature of funeral director E. J. Schner

(b) Address 3125 Lafayette St. St. Louis

19. (a) 4-24-43 (b) J. M. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 20
year 1943 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from 10/7/42 to 4/20/43
1942 to 1943
that I last saw him alive on 4/20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Fat Advanced Sileis Tuberculosis
Duration 10 yrs

Due to.....

Due to.....

Other conditions Tuberculosis peritonitis
(Include pregnancy within 3 months of death) 4 mos.

Major findings: Tuberculosis

Of operations.....

Of autopsy same 130

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 John B. Murphy (M. D. or other) M. D.
Address 961 S. Broadway Date signed 4/20/43

707

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1943
APR 26 1944

FEB 21 1944

APR 12 1944

APR 19

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.....

Joe B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address.....

3125 Lafayette 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.