

FILED JUN 25 1943 18

1003

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:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Josephine Gasparovic

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Michael Gasparovic 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 20 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business -- Sincic

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Michael Gasparovic

(b) Address 4633 Heidelberg Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/43
(Month) (Day) (Year)

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

18. (a) Signature of funeral director J. F. Brudeck

(b) Address 7027 Gravois Ave.

19. (a) JUN 16 1943 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Gardenville, Lemay TWP.
(If outside city or town limits, write "RURAL")
(d) Street No. 4633 Heidelberg Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1943 hour 1:55 minute P M.

21. I hereby certify that I attended the deceased from April 30
1943 to June 12 1943
that I last saw h. er alive on June 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
Acute Hemorrhage of
h. External Distal Veins
Due to Carcinoma of Bladder, Urinary
metastasis
Due to 52
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Carcinoma of Bladder
Of operations _____
Of autopsy Carcinomatosis

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? At City (Specify type of place)
(c) Means of injury o. m. d.
23. Signature J. F. Brudeck (M. D. or other) _____
Address 634 N. Grand Date signed 6/15/43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed G. P. Kudrinski

Licensed Embalmer No. 3877

P. O. Address 7027 Shavois

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.