

S. No. 2
DM-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3689C

State File No. _____

FILED DEC 3 1943 18

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 10336

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:
1041 Shenandoah Avenue
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1041 Shenandoah Avenue
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Steve Sertic
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 25
 year 1943 hour 5:45 minute A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Josephine Sertic
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased Dec. 26, 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 16, 1943 to Nov. 26, 1943
 that I last saw him alive on Nov 22, 1943
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>10</u>	<u>29</u>	_____ hr. _____ min.

Immediate cause of death
Cardiac Hypertrophy
Decompensation
Epilepsy
 Duration 2
several years

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Paul Sertic

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Josephine Sertic

(b) Address 1041 Shenandoah Avenue

17. (a) Burial (b) Date thereof Nov. 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Weick Bros.

(b) Address 2 201 So. Grand Blvd.

19. (a) NOV 26 1943 (b) J. F. Budack
(Date received local registrar) (Registrar's signature)

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

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 William H. Broeder (M. D. or other) WHD
 Address 1225 Sidney Date signed 11/26/43

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 Ray A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchong

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.