

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 3 1948 18
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 11576

Registration District No. _____ Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town La Plume
(If outside city or town limits, write "RURAL")
(d) Street No. 2723 Rutger St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Antonich

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced, divorced
6. (b) Name of husband or wife Mary Antonich 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown about 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 75 Unknown

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Anton Antonich

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

14. Maiden name Ann

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

16. (a) Informant Peter Antonich

(b) Address 1841 S. 12 St.

17. (a) Burial (b) Date thereof 12/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St Peter & Paul

18. (a) Signature of funeral director W. L. Moydell

(b) Address 1926 Allen Ave

19. (a) DEC 23 1943 J. T. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 22, Year 1943 hour 10:10 minute A. M.

21. I hereby certify that I attended the deceased from December 12, 1943, to December 22, 1943; that I last saw him live on December 22, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Branchiogenic Carcinoma

Due to Kidney Abscess

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____
Of autopsy as above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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) (a) Means of injury _____
23. Signature William J. Sant (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 12/22/43

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..... *W. Wilkin*

Licensed Embalmer No..... *3578*

P. O. Address.....

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.