S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 5588

FILED MAR 1 1944

Registration District No. 1318 — Primary Registration District No. 1003 — Registrar's No. 1796

**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 1720 S. 7th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County 17
(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")
(d) Street No. 1720 S. 7th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Pervan
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 married
6. (b) Name of husband or wife Agnes Pervan
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased March (Month) 7 (Day) 1868 (Year)
8. AGE: Years 75 Months 11 Days 14 If less than one day hr. min.
9. Birthplace Hungary (City, town, or county) 4 (State or foreign country)
10. Usual occupation Butcher Retired
11. Industry or business
12. FATHER Name Louis Pervan
13. FATHER Birthplace Hungary (City, town, or county) 4 (State or foreign country)
14. MOTHER Maiden name Anna Botsman
15. MOTHER Birthplace Hungary (City, town, or county) 4 (State or foreign country)
16. (a) Informant Agnes Pervan
(b) Address 1720 S. 7th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-44 (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus Cem.
18. (a) Signature of funeral director Witt Bro. L&Nd.
(b) Address 2929 S. Jefferson Av.
19. (a) Feb 26 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 21 year 1944 hour 10 minute 45 A. M.
21. I hereby certify that I attended the deceased from 1/23/44, 19..., to 2/21/44, 19...; that I last saw him alive on 2/12/44, 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Acute Myocarditis | 1 Mo. |
| Due to Cardio-nephritis | 5 yrs. |
| Due to | |
| 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature E. E. Tomazzi (M. D. or other) MD
Address 2901 Big Bend Blvd. Date signed 2/22/44

(Licensed Embalmer's Statement on Reverse Side)

## 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 V. Morris, Registered Apprentice No. ....., working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S. Jefferson Av.

**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.**