No. 2
—5-42
5-17-39
X32878

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8991

FILED MAR 27 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2606

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:
5412 Partridge Ave.
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5412 Partridge Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Matt Grbcich

3. (b) If veteran, name war No

3. (c) Social Security No. 489-07-3878

4. Sex Male

5. Color or race Wht.

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

6. (b) Name of husband or wife Mary Grbcich

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept. (Month) 20 (Day) 1890 (Year)

8. AGE: Years 53 Months 5 Days 26 If less than one day hr. min.

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

10. Usual occupation Moulder

11. Industry or business Brass Foundry

FATHER
12. Name Matt Grbcich
13. Birthplace Croatia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Knez
15. Birthplace Croatia (City, town, or county) (State or foreign country)

16. (a) Informant Mary Grbcich
(b) Address 5412 Partridge Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director H. L. Mondell
(b) Address 1926 Allen Ave.

19. (a) MAR 13 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 16 year 1944 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 3, 1943, to March 11, 1944; that I last saw him alive on 3/11/44, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	years
Endocarditis	Chronic
Due to Cardiac Hypertrophy	Quite
Arteriosclerosis	chronic
Due to Chorioretinitis & optic Atrophy	chronic
Lues	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy none	

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) no
(b) Date of occurrence no
(c) Where did injury occur? no (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

23. Signature Thomas C. St. John (M. D. or other) M.D.
Address Metropolitan Bldg. Date signed 3/17/44

(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 me

, Registered Apprentice No.

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen a

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.