

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1944
FILED JUL 21 1944 18

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22883

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6152

1. PLACE OF DEATH:

(a) County St. Louis, mo
(b) City or town St. Louis, mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County 13
(c) City or town Albia, (If outside city or town limits, write "RURAL") NR.
(d) Street No. 1208 G. Avenue (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Mary Jane Cebuhar

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. 4 11 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 3 0 hr. min.

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

10. Usual occupation Office

11. Industry or business

12. Name Phillip Cebuhar
13. Birthplace Jugo Slavia- Croatian
(City, town, or county) (State or foreign country)
14. Maiden name Mary Pzarić
15. Birthplace Jugo Slavia Croatian
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Phillip Cebuhar
(b) Address 1208 G. Avenue East-Albia, Iowa
17. (a) Removal (b) Date thereof 7-11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Albia, Iowa

18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar Boulevard

19. (a) JUL 11 1944 (b) J. F. Kredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1944 hour 30 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 5 1944 to July 11 1944
that I last saw her alive on July 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Post-operative Duration lobectomy for bronchiecclapsis laminal bronch pneumonia
Due to laminal bronch pneumonia
Due to

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)
(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 J.R. Madley (M. D. or other) Address BARNES HOSPITAL Date signed 7/10/44

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

MOTHER FATHER

MAY 5 1955

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 *Jos. E. McCullon*
Licensed Embalmer No. *2460*
P.O. Address *6175 Delmar*

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.