

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 21 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2054

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

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:
St. Johns Hosp. O
(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)

3. (a) PRINT FULL NAME Bozidar (Robert) Petkovich

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Beatrice Petkovich 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Jan. 7, 1898
(Month) (Day) (Year)

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

46 7 4 hr. min.

9. Birthplace Niksic - Yugoslavia
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Grocery Business

MOTHER FATHER { 12. Name Sava Petkovich

13. Birthplace Niksic Yugoslavia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Niksic Yugoslavia
(City, town, or county) (State or foreign country)

16. (a) Informant Beatrice Petkovich

(b) Address 7211 Clayton Rd.

17. (a) Burial (b) Date thereof 8-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Cheruk United Co.

(b) Address 1322 S. Jefferson Ave.

19. (a) AUG 14 1944 (b) J. F. Braden
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 7211 Clayton Rd.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? 96 years

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 8-7-44 to 8-10-44, 1944
that I last saw h. IM alive on 8-9-44, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma Duration 6 Mo

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) HI

PHYSICIAN

Major findings: Of operations.....

Of autopsy Confirmed clinical diagnosis

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.....

23. Signature James L. Small (M. D. or other)
Address 1834 N GRAND Date signed 8-12-44

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 *Alex A. Chulick Jr.*

Licensed Embalmer No. *4143*

P. O. Address *1722 S. Jefferson*

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.