

No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
1945  
FILED JAN 5

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39768  
11957

Registration District No. 318 Primary Registration District No. 100 Registrar's No.

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:  
Jewish Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 0 (Specify whether  
In this community. 0 years, months or days)

3. (a) PRINT FULL NAME IGNAC SEBALJA  
(b) If veteran, name war.  
(c) Social Security No. 492-03-3875

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife. Pauline Sebalja  
(c) Age of husband or wife if alive 46 years  
7. Birth date of deceased. August 2, 1894  
(Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 21 If less than one day  
hr. min.

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

10. Usual occupation. Machine molder

11. Industry or business. Foundry

MOTHER FATHER  
12. Name. Andri Sebalja  
13. Birthplace. Novi Vinodol, Croatia  
(City, town, or county) (State or foreign country)  
14. Maiden name. Margareta Kobalin  
15. Birthplace. Novi Vinodol, Croatia  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Sebalja  
(b) Address 2633a Accomac Ave.

17. (a) Burial (b) Date thereof. 12/27/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. New SS. Peter & Paul

18. (a) Signature of funeral director. Cherish Unit. Co.  
(b) Address 1722 S. Jefferson Ave.

19. (a) DEC 26 1944 (b) J. F. Bredeek  
(Date received local registrar) (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. 2633a Accomac Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 23 year 1944 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from 5/13/44  
to 12/23 1944  
that I last saw him alive on 12/23 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Lung Abscess  
Shock  
Cocheria  
Due to Bronchiectasis  
neeriosis of Lung  
Due to 11/4  
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Drainage of Abscess  
Of operations no malignancy, no cyst  
Of autopsy Lung Abscess  
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) NON-ACCIDENT - CAR  
(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 9  
23. Signature Dr. Henry G. Greditzer (M. D. or other) M.D.  
Address 634 N. Grand Date signed 12/26/44

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

**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. Christ 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.