

FILED JAN 31 1945  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1527 Picker Str.  
(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 Missouri (b) County MO

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 2317

(d) Street No. 1527 Picker Str.  
(If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country (1)

3. (a) PRINT FULL NAME Marko Grubisic (Grubeh)

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Wht.

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

6. (b) Name of husband or wife Katherine Grubisic

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

7. Birth date of deceased Unknown Abt. 1870  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19 19 45  
year 1945 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Jan 10 1945 to Jan 19 1945  
that I last saw him alive on Jan 19 1945  
and that death occurred on the date and hour stated above.

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

Abt. 75 Unknown hr. \_\_\_\_\_ min.

Immediate cause of death: Acute Coronary Occlusion

Due to: Arterio Sclerosis

Due to: \_\_\_\_\_

Other conditions: Cholesterol  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Laborer

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: None

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Marko Grubisic

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

14. Maiden name Unknown

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

16. (a) Informant Mathew Grubeh

(b) Address 1527 Picker Str.

17. (a) Burial (b) Date thereof 12/22/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director J. E. Moyell

(b) Address 1926 Allen Ave.

19. (a) JAN 19 1945 (Date received local registrar)

J. T. Bredeck (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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) Manner of injury \_\_\_\_\_

23. Signature J. Sweharty (M. D. or other) M.D.

Address 1935 9 Park Date signed 1-19-45

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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 A. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 allen ave

**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.**