V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#34747

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11399

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3763

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1.
(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 Mo. (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 6159 Sherry
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Ivancich

3. (b) If veteran, name war No

3. (c) Social Security No. ----

4. Sex Female

5. Color or race Wht.

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 Sept. (Month) 15 (Day) 1944 (Year)

8. AGE: Years | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation -------

11. Industry or business

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

MOTHER
14. Maiden name Amelia Kernich
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Amelia Ivancich
(b) Address 6159 Sherry

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director W. E. Maydell
(b) Address 1926 Allen Ave.

19. (a) APR 28 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th year 1945 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from 4/26/45, 19..., to 4/26/45, 19...; that I last saw her alive on 4/26/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhea and acidosis

Duration

Due to

Due to

Other conditions Mongolism
(Include pregnancy, within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature Rutrickson (M. D. or other)
Address 1515 Lafayette Date signed 4/27/45

(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

Not Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed W. E. Moyell

Licensed Embalmer No. 1447

P. O. Address 1926 Allen

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.