S. No. 2
M—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18892

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 5268

FILED JUN 30 1945

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: 1723 S. Ninth 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 Mo (b) County 17 23

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

(d) Street No. 1723 S. 9 Str. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph Katilinich

3. (b) If veteran, name war No

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

4. Sex Male

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 Unknown (Month) About (Day) 1895 (Year)

8. AGE: Years About 50 Months Unknown Days If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

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

MOTHER
14. Maiden name Mary Bozin
15. Birthplace Crotia (City, town, or county) (State or foreign country)

16. (a) Informant Peter Katilinich

(b) Address 5404 S. Princton, Chicago, Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/15/45 (Month) (Day) (Year)

(c) Place: burial or cremation Chicago Ill

18. (a) Signature of funeral director W. C. Moydell

(b) Address 1926 Allen Ave.

19. (a) JUN 15 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

JUN 15 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day June year 1945 hour 2 minute 45 A.M.

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

Immediate cause of death Strangulation due to hangers on which deceased was found hanging by the neck

Due to from a rope in the doorway between the kitchen and bedroom

Due to this home at 1723 S. 9 Str. on June 12 1945 at about 2:15 PM

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 164

Of autopsy

Duration

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) Suicide

(b) Date of occurrence June 12 1945

(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? Home (Specify type of place)

While at work? (e) Means of injury Go Home

23. Signature Patrick E. Taylor (M.D. or other)

Address Date signed 6/15/45

(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 WE

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm L Moydell

Licensed Embalmer No. 1467

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.