

U.S. No. 2  
 FORM-5-43  
 Rev. 5-17-39  
 I X36571

**FILED** NOV 2 1945  
 318

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:  
**A pple Tree Inn 1347 Antelope**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **None**  
(Specify whether)  
 In this community **None**  
years, months or days

3. (a) PRINT FULL NAME **Albert Sredojev**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **None**

4. Sex **Male**  
 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Not mentioned**  
 6. (c) Age of husband or wife if alive **None** years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	53			hr. min.

9. Birthplace **Unknown** **Romania**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Tavern Owner**

11. Industry or business **Unknown**

12. Name **Unknown**

13. Birthplace **Unknown** **Romania**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Herman Kumple**

(b) Address **325 Antelope St.**

17. (a) **Burial** (b) Date thereof **10/29/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**  
 (b) Address **2161 East Fair Ave**

19. (a) **OCT 27 1945** (b) **J. F. Bredeck**  
(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. **347 Antelope St.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No**  
(Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **23**,  
 year **1945** hour **3:00 AM** minute **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 **Internal Hemorrhage from gunshot wounds of the chest and inflicted with gun**  
**to the hands of one Sergeant Claude M. James and shot by one**  
**Dr. Eugene Elvick, owner of the**  
**Apple Tree Inn, during**  
**other conditions**  
(Indicate pregnancy within 3 months of death)

**Mo. around 3:30 P.M. Oct**  
 Major arteries: **945**  
 Of operation: **H/O**  
 Of autopsy: **H/O**

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) **Homicide**  
 (b) Date of occurrence **Oct 23 1945**  
 (c) Where did injury occur? **St. Louis**  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, or industrial place, in public place?  
**Public Road**  
(Specify type of place)  
 While at work? **No** (e) Means of injury **Gun**  
 23. Signature **Satriuk & Jughis** (M.D. or other)  
 Address **127 So** Date signed **10/27/45**

OCT 27 1945

*Emb sep Cert to be filed*

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**