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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNITED STATES BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **536**
Registrar's No. **742**

FILED FEB 24 1946

Registration District No. _____ Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(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 - Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2909a Minnesota Av.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME VASA KREVL (KREVL)
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 22nd
year 1946 hour 5:40 minute A M.
21. I hereby certify that I attended the deceased from 1/6/46
to 1/22/46, 19____, to 1/22/46, 19____;
that I last saw him alive on 1/22/46, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About 1871
(Month) (Day) (Year)

Immediate cause of death _____
Arteriosclerotic Heart Disease
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
Abt 75 Unknown hr. min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Yugoslavia (City, town, or county) (State or foreign country) 9
10. Usual occupation Labor

11. Industry or business _____
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Lena Demich
(b) Address 2909a Minnesota Av.
17. (a) Burial (b) Date thereof 1/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

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? _____

18. (a) Signature of funeral director Wm. E. Myrdal
(b) Address 1926 Allen Av.
19. (a) JAN 23 1946 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

23. Signature 1516 Lafayette (Specify type of place) (City or town) (County) (State) _____
Date signed 1/22/46 or other _____

(Licensed Embalmer's Statement on Reverse Side)

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

2/33

A.A.
167
9
0

98

844

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.....

Ray C. Duman

.....
Licensed Embalmer No. *2272*

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.