No. 2
3
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1946

State File No. 7812

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1636

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: ~~3700 Mat Bridge~~ 3 (If not in hospital or institution, write street number and location) Protestant Deaconess City Hosp.

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Clayton (If outside city or town limits, write "RURAL") 2

(d) Street No. 7430 Cromwell Dr (If rural, give location) NR 3

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME Branko Petkovich

3. (b) If veteran, name war War 2

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 July (Month) 9 (Day) 1921 (Year)

8. AGE: Years 24 Months 7 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation Clerk

11. Industry or business Grocer

12. Name of father Petkovich

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

14. Maiden name of mother Doder

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

16. Informant Milena Petkovich

17. Address 7430 Cromwell Dr

18. (a) ~~Mt. Hope Cem~~ (Burial, cremation, or removal) (b) Date thereof Feb 20 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem

(d) Signature of funeral director E.J. Schnur

(e) Address 3125 Lafayette

19. (a) FEB 18 1946 (Date received by local registrar) (b) J.F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 16 year 1946 hour 9 minute 45 P.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 Fracture of Skull 2 hemorrhage of brain when the car she was driving was struck by a automobile driving at approximately 50 to 60 miles an hour before Ted Roosevelt Quick through a red signal at the intersection of Hanley and Natural Bridge

Other conditions (including pregnancy within 3 months of death)

Major findings: Contusions and Lacerations of the forehead

Operation ..... Date ..... Accident 9:45 a.m. Feb. 16 1946

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) Personal Carelessness

(b) Date of occurrence Feb 16 1946

(c) Where did injury occur? St Louis (City or town) (County) Mo 000 (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street (Specify type of place)

While at work? ..... (e) Means of injury Collision 3

23. Signature [illegible] (M. D. or other) 1

Address City Date signed 4/8/46

(Licensed Embalmer's Statement on Reverse Side)

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

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 Jos B Vollmer

Licensed Embalmer No. 4014.

P. O. Address St Louis Mo 4

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.

State of Missouri } ss.
City of St. Louis

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 6427-1912
Local Registrar's No. 1636

On this 30 day of August, 1947, before me appears _____, who, upon _____ oath, states that the original record of birth/death for Branko Petkovich, died ~~born~~ 2-16-46, 19____, in the State of Missouri, and which was filed at _____ on _____; 19____, should be corrected as follows:

Item No. 7 should read June 9 - 1921
Instead of July 7 - 1921

Item No. 4 should read 24-6-7
Instead of 24-7-9

Item No. 12 should read Lazar Petkovich
Instead of Lahry "

Item No. 14 should read Milena Doder
Instead of Milka "

Item No. 16a should read Milena Petkovich
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

SEP 26 1947
BUREAU OF VITAL STATISTICS

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Milena R. Petkovich (Mother)
Relationship.

_____
Present Address.

Subscribed and sworn to before me this 30 day of August, 1947.

My Commission expires Dec. 6-1948 Elizabeth J. Schmer Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Mar

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 16 3-6

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:
(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 (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Branko Petkovich

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 7 1924 (Month) (Day) (Year)

8. AGE: Years 24 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

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

MAR 13 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1944 hour 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 — Duration

Due to

Due to

Other conditions (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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

7812