

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
FILED APR 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. 10555

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 94

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days
(Specify whether

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois ⁹⁴

(c) City or town Leadwood ⁰
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. _____ (If rural, give location) ⁰

(e) Citizen of foreign country? Yes No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Tony Elceser
Stankovik

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-03-285

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1946 hour 2:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from 2-28-46, 1946, to 3-2-46, 1946;
that I last saw him alive on 3/2/46, 1946;
and that death occurred on the date and hour stated above.

4. Sex male (1) 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: May (Month) 8 (Day) 1886 (Year)

Immediate cause of death Cerebral hemorrhage ^{Duration} 3 da.

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>59</u>	<u>9</u>	<u>24</u> hr. _____ min.

Due to Arteriosclerosis

Due to _____

9. Birthplace UNKNOWN POLAND ⁴
(City, town, or county) (State or foreign country)

10. Usual occupation MINER

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business LEAD MINE 'ST JOSEPH'

12. Name JEPHES ELCESER ⁴

13. Birthplace UNKNOWN POLAND ¹
(City, town, or county) (State or foreign country)

14. Maiden name FRANCES ZYODA

15. Birthplace UNKNOWN POLAND ⁴
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy 83w

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant LATTIE ELCESER

(b) Address LEADWOOD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 4 1946
(Month) (Day) (Year)

(c) Place: burial or cremation ST. FRANCOIS

18. (a) Signature of funeral director J. E. Boyer & SON

(b) Address LEADWOOD MO

19. (a) 3/19/46 (Date received at local registrar) (b) Arthur Rudloff (Registrar's signature)

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? _____

19. (a) 3/19/46 (Date received at local registrar) (b) Arthur Rudloff (Registrar's signature)

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

23. Signature H. W. Roebber (M. D. or other) ^{(1) M.D.}
Address Bonne Terre, Mo. Date signed 3/14/46

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

MOTHER FATHER

APR 9 1948

RECEIVED

District Health Officer No. 4

Case File Number 446-1966

Date Filed 4-9-46

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 Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood Mo.

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.