

FILED MAY 2 1946
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1003

State File No.

Registrar's No. 3589

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:
Enroute to City Hospital #1 3
(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)

3. (a) PRINT FULL NAME LAWRENCE ROPAC

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased About 1868
(Month) (Day) (Year)

8. AGE: Years About 78 Months Days If less than one day hr. min.

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

10. Usual occupation Stone Mason

11. Industry or business

12. Name Steve Ropac

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

14. Maiden name Helen Limpic

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

16. (a) Informant Gabriel Ropac

(b) Address 4964 Page Boulevard

17. (a) Burial (b) Date thereof 4-18-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm C. Moyell

(b) Address 1926 Allen Avenue

19. (a) APR 19 1946 (b) Registrar's signature J. F. Bledsoe
(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. 2209 Franklin Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1946 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from 2, 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 2° 43° degree burn on back
about 66 70 percent of body
following fire at the home 2209
Franklin Ave. Caused by over
heats kitchen stove April 16
Due to 1946 about 11:30 P.M.
blow to building estimate
10000 no garage & kitchen

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 181 Of autopsy 1/5
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) Accidental
(b) Date of occurrence April 16 1946 00:00
(c) Where did injury occur? Home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 6 other

23. Signature Alfred J. Perry (M. D. or other) ?
Address Deputy Coroner Date signed 4-16-46

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

MOTHER FATHER

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 *Benj. C. Duncan*.....
.....
Licensed Embalmer No. *2272*.....
P. O. Address *1926 Allen*.....

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.