S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 2262

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 908

**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: Park Lane (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether Years)

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. 1805 So. 11th St. (If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** VINCENT BODLOVIC

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Oct (Month) 13 (Day) ~~1865~~ 1875 (Year)

8. AGE: Years 71 Months 3 Days 12 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Rose Janssen

(b) Address 6412 Hancock Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 28 (Day) 1947 (Year)

(c) Place: burial or cremation Lakewood Park Cem

18. (a) Signature of funeral director C. Hoffmeister Colonial Mort

(b) Address 6464 Chippewa St.

19. (a) JAN 27 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 25 year 1947 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from Dec 30th 1946 to Jan 25 1947 that I last saw him alive on Jan 24 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious anemia — Duration Indefinite

Due to Pleurisy with Effusion — 6 Weeks

Due to Ch. Myocarditis — Indefinite

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 C. Wallace M.R. (M. D. or other) M.R.

Address 3008 Ivanhoe Ave Date signed 1-25-47

(Licensed Embalmer's Statement on Reverse Side) St Louis 9 Mo

(6)

Dr. C. V. Wilcox
3228 Ivanhoe Ave.

---

**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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

**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.**