No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15225

FILED MAY 1 1947 618

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4196

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pronounced dead at City Hospital 3
(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 Dont Known

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 007

(c) City or town NATIONAL HOTEL—306 MARKET
(If outside city or town limits, write "RURAL")

(d) Street No. St Louis Mo 259
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JOHN JAKopic

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 9

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Dont Known (Month) (Day) 1874 (Year)

8. AGE: Years abt 73 | Months | Days | If less than one day Dont Know hr. min. 4

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

10. Usual occupation

11. Industry or business Pensioner

MOTHER FATHER

12. Name Dont Know Jakopic 9

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

14. Maiden name Dont Know

15. Birthplace " " (City, town, or country) (State or foreign country) 9

16. (a) Informant REV. WALTER J. TUCKER

(b) Address 209 Walnut St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J Donnelly

(b) Address 3840 Lindell Blvd

19. (a) APR 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th year 1947 hour 10:12 minute A. 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.

Duration

Immediate cause of death Depressed Fracture of Skull; Brain Injury when found dead under the window

Due to of his 5th floor room of the National Hotel 306 Market St

Due to around 10:12 A.M. April 17, 1947. Cause & Manner of

Other conditions same could not be
(Include pregnancy within 3 months of death) determined

Major findings:
Of operations Open Verdict

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 003

(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 Thomas F. Gallaman (M. D. or other) 3

Address 1300 Clark Date signed 4-22-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Tom Carter, Registered Apprentice No. 500 working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis

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.