

No. 2
1-1747
17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22108**
5896
Registrar's No. _____

National Office of Vital Statistics
FILED JUN 20 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Missouri.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **City Hospital**
 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County.....
 (c) City or town **ST LOUIS**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2744 A ACCOMAC ST.**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **ANNA BURETA**
 3. (b) If veteran, name war.....
 3. (c) Social Security No.

4. Sex **FEMALE** 5. Color or race **N**
 6. (a) Single, widowed, married, divorced **WIDOW**
 6. (b) Name of husband or wife **PAUL BURETA**
 6. (c) Age of husband or wife if alive **23** years
 7. Birth date of deceased **JUNE 18 1914**
 (Month) (Day) (Year)

8. AGE: Years **72** Months **10** Days **14**
 If less than one day hr. min.

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

10. Usual occupation..... **NIL**

11. Industry or business.....
 12. Name..... **MAT. BUTKOVICH**
 13. Birthplace..... **YUGO SLAVA**
 (City, town, or county) (State or foreign country)
 14. Maiden name..... **KATIE UNKNOWN**
 15. Birthplace..... **YUGO SLAVA**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Johanna Mbenicich**
 (b) Address **2744 A ACCOMAC ST.**

17. (a) **BURIAL** (b) Date thereof **JUNE 19 47**
 (Burial, cremation, or other) (Month) (Day) (Year)
 (c) Place: burial or cremation **Resurrection Cem.**

18. (a) Signature of funeral director **E. J. Schmur**
 (b) Address **3125 Lafayette Av.**

19. (a) **JUN 17 1947** (b) **J. J. Bredesch**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **16th**
 year **1947** hour **9:35** minute **A** M.

21. I hereby certify that I attended the deceased from **6/14/47**
 to **June 16th, 1947**
 that I last saw her alive on **June 16th, 1947**
 and that death occurred on the date and hour stated above.
 Duration

Immediate cause of death.....
Pulmonary Tuberculosis
for advanced

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
 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).....
 (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..... **K. D. Greyson** (M. D. or other)
 Address **1515 Lafayette** Date signed **6/16/47**

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.....

Joe B. Vollmer

Licensed Embalmer No. 21014

P. O. Address 3125 Lafayette

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.

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