No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1947

Registration District No. 307

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 22836

Registrar's No. 1263

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
St Louis County 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 Missouri (b) County 000

(c) City or town StLouis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1810a Franklin Av 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME Emil Veslinovich

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 Single

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Unknown (Month) About (Day) 1885 (Year)

8. AGE: Years About 62 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Jugoslavia (City, town, or county) 8 (State or foreign country)

10. Usual occupation Labor

11. Industry or business .....

FATHER
12. Name Veselum Veslinovich
13. Birthplace Jugoslavia (City, town, or county) 8 (State or foreign country)

MOTHER
14. Maiden name Stoya Rozia
15. Birthplace Jugoslavia (City, town, or county) 8 (State or foreign country)

16. (a) Informant George Veslinovich
(b) Address Route# 2 Freeport Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director Wm C Mydell Funeral Home
(b) Address 1926 Allen Av

19. (a) 6-16-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1947 hour 3.30 minute P 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.

Immediate cause of death as the result of a fracture and dislocation of neck and suffocation after being ~~xxxx~~ covered by a dirt cave-in while working in a ditch.

Due to .....

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

Major findings:
Of operations .....

~~XXXXX~~

Duration

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) Accident 129

(b) Date of occurrence June 13, 1947

(c) Where did injury occur? Richmond Heights, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3
Public place - sewer ditch
(Specify type of place)

While at work? Yes (e) Means of injury Fracture of neck & suffocation

23. Signature Arnold J. Willmann ~~XXXXXXX~~ Coroner

Address Clayton, Mo. Date signed 6/16/47

(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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Benj L Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Ave

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.