

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25435

FILED AUG 4 1947

State File No. _____
Registrar's No. 7003

Registration District No. _____ Primary Registration District No. _____

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:
2053 Ann Avenue
(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 Mad
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2053 Ann Avenue
22 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROSE CULIBRK
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Michael Culibrk 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 20-1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 6 6 hr. min.

9. Birthplace Jugoslavia (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rose Brencich
(b) Address 2052 Ann Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Maxwell
(b) Address 2026 Allen Avenue

19. (a) JUL 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26th
year 1947 hour 6 minute 00 P. M.
21. I hereby certify that I attended the deceased from 7/16/47
_____ 19____ to 7-26-47 19____
that I last saw h. ex alive on 7-24-47 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Generalized arteriosclerosis 7-5 years
Due to _____
Due to _____
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?

While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature Ernest Younger (M. D. or other) M.D.
Address 3624 Russell Date signed 7-28-47

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

MOTHER FATHER

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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

Me, Registered Apprentice No. _____
working under my personal supervision.

Signed Berj. L. Duncan
Licensed Embalmer No. 2272
P. O. Address 1926 Allen Avenue

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.