S. No. 2
—12-45
5-17-39
PI X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 23 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32802

Registrar's No. 8740

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:
Alexian Brothers Hospital 0
(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 0-00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1902 S. 12th Street 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 23 10

If yes, name country

3. (a) PRINT FULL NAME PETER MELOVICH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

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 July 28, 1889
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 16 If less than one day hr. min

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name (Unknown) Melovich 8
13. Birthplace Jugoslavia 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 1
15. Birthplace Jugoslavia 0
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Brady
(b) Address 5243 Nottingham Avenue

17. (a) Burial (b) Date thereof 9-18-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Moydell
(b) Address 1926 Allen Avenue

19. (a) SEP 17 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14th
year 1947 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from Aug 21-47, 19, to Sept 14, 1947; that I last saw him alive on 9-14-47; and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of Rt Foot due to thrombus in popliteal artery

Due to

Due to

Other conditions Diabetes & Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Amputation of Rt thigh on 9-10-47
Of operations

Of autopsy None

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)

(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 0

23. Signature Joseph L. Ferris (M. D. ~~or other~~)

Address 4065-150 Grand Date signed 9/16/47

(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. C. 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.