

No. 2-45  
17-39  
X47070

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10859

1. PLACE OF DEATH:

(a) County St. Louis Mo  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 hrs  
(Specify whether years, months or days) 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. LOUIS 96  
(c) City or town St. Louis MAPLEWOOD  
(If outside city or town limits, write "RURAL") 5  
(d) Street No. 7267 Zephyr  
(If rural, give location) N.R.  
(e) Citizen of foreign country? No (Yes or No) 3  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 25 day 25  
year 1947 hour 5 minute 02 A.M.  
21. I hereby certify that I attended the deceased from Feb 26, 1947, to Nov 25, 1947.  
that I last saw him alive on Nov 25, 1947.  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to Cerebral arteriosclerosis and arterial hypertension.  
Due to \_\_\_\_\_  
Other conditions Hypertension and arterio-sclerotic heart disease.  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy As above  
PHYSICIAN [Signature]  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Steve Sivcovich  
3. (b) If veteran, name war no  
3. (c) Social Security No. 488-10-2818

4. Sex M. Color or race W.  
6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Natalie Lorencevic  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased August 15 1890  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>3</u>	<u>10</u>	hr. min.

9. Birthplace: Poka, Hungary  
(City, town, or county) (State or foreign country) 4

10. Usual occupation Butcher  
11. Industry or business American Packing Company

MOTHER FATHER {  
12. Name Unknown  
13. Birthplace Hungary  
(City, town, or county) (State or foreign country) 4  
14. Maiden name Unknown  
15. Birthplace Hungary  
(City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Steve Sivcovich  
(b) Address 7267 Zephyr  
17. (a) burial (b) Date thereof 11-28-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Alexander [Signature]  
(b) Address 6175 Delmar  
19. (a) NOV 26 1947 (Date received local registrar)  
J.F. Bredeck (Registrar's signature)

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 \_\_\_\_\_  
Signature F.L. Bradley (M. D. or other) 0  
Address Barnes Hospital Date signed 12/25/47

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

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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.....

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

Signed.....*Jos. E. McCulloch*.....

Licensed Embalmer No. *2460*.....

P. O. Address.....*6175 Delmar*.....

**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.**