V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40481

FILED NOV 25 1947

Registration District No. 3477

Primary Registration District No. 6076

Registrar's No. 2381

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Vet.Adm.Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 Days (Specify whether
In this community 57 Years
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. 2165 Russell, 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME BOLANOVICH, Mitar
3. (b) If veteran, name war WW-1
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julianne Bolanovich
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased November (Month) 8 (Day) 1888 (Year)

8. AGE: Years 59 | Months 0 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace (City, town, or county) Yugoslavia (State or foreign country)
10. Usual occupation Butcher & Merchant
11. Industry or business

FATHER
12. Name Philip Bolanovich 0
13. Birthplace Yugoslavia 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Milka Nannanach 0
15. Birthplace Yugoslavia 0
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar
(b) Address Vet.Adm.Hosp. Jeff. Brks. Mo.
17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof Nov 19-47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MT. Hope CEM.
18. (a) Signature of funeral director Schnur Fu.Home
(b) Address 3125 Lafayette, St.Louis, Mo.
19. (a) 11-19-47 (Date received local registrar) (b) Carl a Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16
year 1947 hour 1:20 minute P. M.
21. I hereby certify that I attended the deceased from October 27, 1947, to November 16, 1947; that I last saw him alive on November 16, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARCINOMA OF RECTUM, WITH METASTASES TO LUNGS, LIVER & REGIONAL LYMPH NODES	Unk
Due to HEPATIC ABSCESSES	UNK
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46d

Major findings: Of operations Colostomy - May 1947
Of autopsy Autopsy performed (See cause of death)

PHYSICIAN
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) None
(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 L.E. Stilwell, M. D. ~~XXXXX~~
Address V.A.Hosp. Jeff.Brks. Mo. Date signed 11/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 1949

DEC 9 1947

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 B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette av.

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.