

FILED DEC 31 1947

318

100E

Registration District No. _____ Primary Registration District No. _____

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 St. John's 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 Mo. (b) County 000

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

(d) Street No. 27 So. Euclid Ave.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME PETER P. Paunovich

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

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

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

7. Birth date of deceased Apr. 29 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1947 hour 2:15 minute..... A. M.

21. I hereby certify that I attended the deceased from 6-2-47 1947 to 12-17-47 1947
that I last saw him alive on 12-16 1947
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Myocardial infarction

Due to Arteriosclerotic Coronary Thrombosis

Due to 94

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

8. AGE: Years Months Days If less than one day

55 7 18 ..br. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business For Self

MOTHER FATHER

12. Name Michael Paunovich

13. Birthplace Slavia
(City, town, or county) (State or foreign country)

14. Maiden name Mary Vrlinich

15. Birthplace Slavia
(City, town, or county) (State or foreign country)

16. (a) Informant Louise L. Paunovich
(b) Address 27 So. Euclid Ave.

17. (a) Burial (b) Date thereof 12-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

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

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).....

(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?..... (Specify means of injury)

23. Signature Carl J. [Signature] (M. D. or other).....
Address Humboldt Bldg Date signed 12-17-47

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

3604 Washington

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 _____

Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address _____

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.