

No. 300
-10-47
5-17-39
I 3906

FILED FEB 25 1948
Registration District No. 2948

Primary Registration District No. 6026

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town GARDENVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4885 HEIDELBERG
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME SOPHIA RADEVIC

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife JOSEPH RADEVIC

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased MAY 13 - 1906
(Month) (Day) (Year)

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

41 9 5 hr. min.

9. Birthplace NEW YORK N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name MARKO JOVANOVIC

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

14. Maiden name ROSE ANTIC

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

16. (a) Informant JOSEPH RADEVIC

(b) Address 4885 HEIDELBERG

17. (a) BURIAL (b) Date thereof 2-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION CEM

18. (a) Signature of funeral director E. J. S. HANUR

(b) Address 3125 BARRY FITE

19. (a) 2-17-48 (b) Gregory J. ...
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS

(c) City or town GARDENVILLE
(If outside city or town limits, write "RURAL")

(d) Street No. 4885 HEIDELBERG
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 17
year 1948 hour 4:05 minute A M.

21. I hereby certify that I attended the deceased from 10-6 1948 to 2/16 1948
that I last saw her alive on 2-16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma both lungs liver + bones

Due to Metastases into large bones of leg

Due to 47d

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

Duration 3 yrs

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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 _____

23. Signature W. Kelley (M. D. or other) _____
Address 9915 Kansas Date signed 6/17/48

APR 8 1948

FEB 26 1946

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 Roland Fahube

Licensed Embalmer No. 3967

P. O. Address St Louis Mo

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.