

FILED JUL 15 1948  
318MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21376

1003

Registrar's No. 5972

Registration District No. ....

Primary Registration District No. ....

## 1. PLACE OF DEATH:

(a) County.....  
 (b) City or town ST. LOUIS, MO.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
ST. LOUIS MATERNITY HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 25 Hrs. 20 Min.  
 (Specify whether  
 In this community.....  
 years, months or days)

## 3. (a) PRINT

FULL NAME STIPANOVICH, INFANT BOY

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced.....  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased JULY 3, 1948  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 1 1 hr. 20 min.

9. Birthplace ST. LOUIS MO.  
 (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER  
 { 12. Name NICK STIPANOVICH  
 { 13. Birthplace ST. LOUIS, MO.  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name MARY HREVUS  
 { 15. Birthplace DETROIT, MICHIGAN  
 (City, town, or county) (State or foreign country)

16. (a) Informant Nick Stipanovich  
 (b) Address 1928 S. 12th. St.

17. (a) Burial (b) Date thereof 7/6/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery18. (a) Signature of funeral director Chulick Und. Co. Inc.(b) Address 1722 S. Jefferson Ave.

19. (a) JUL 6 1948 (b) J. F. Bradeck  
 (Date received local Registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
 (c) City or town ST. LOUIS  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1928 SO. 12th. STREET  
23 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 5  
 year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 3rd  
1948 to July 4th 1948  
 that I last saw him alive on July 4th 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Congenital Stenosis

Duration

Due to Pre Maternity - 6 1/2  
months gestation

Due to.....

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

Major findings:  
 Of operations.....

Of autopsy.....

PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

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 John B. O'Neill (M.D. or other)  
 Address 1222 Missouri Theater Date signed 7/5/48

*Not Embalmed*

**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.....

Licensed Embalmer No.....

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.