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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24456

Registrar's No. 6341

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff (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 Missouri (b) County 100

(c) City or town St Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 2700 Lemp Av (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

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3. (a) PRINT FULL NAME Joseph J Kvaternik

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Feb (Month) 2 (Day) 1879 (Year)

8. AGE: Years 68 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Jugoslavia (City, town, or county) (State or foreign country) 4

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Joseph Kvaternik
13. Birthplace Jugoslavia (City, town, or county) (State or foreign country) X

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Anna Kvaternik

(b) Address 2700 Lemp Av

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/48 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director [signature]

(b) Address 1926 Allen Av

19. (a) JUL 17 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th year 1948 hour 12 minute 15 A M.

21. I hereby certify that I attended the deceased from 7/10/48, 19, to July 17th 1948 that I last saw him alive on July 17th 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Atelectasis Left Lung	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (e) Means of injury

23. Signature [signature] 1515 Lafayette (M. D. or other) 7/17/48

Address Date signed 7/17/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Muenster

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Benj J Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Ellen

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.