

No. 30-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28541**  
**2030**  
Registrar's No. \_\_\_\_\_

FILED SEP 7 1948

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:  
Pine Crest Nursing Home 4  
(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

3. (a) PRINT FULL NAME Louis Zlatic

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M Color or race W

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug 15 1888  
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Europe 7  
(City, town, or county) (State or foreign country)

10. Usual occupation Stonemason

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Not Known

13. Birthplace Not Known  
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Nick Zlatic

(b) Address 4706 Heidelberg

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/48  
(Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) 8/27/48 (Date received local registrar) (b) Cecil A. J. Shuppl (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 96

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

(d) Street No. 4723 Heidelberg  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month August day 24  
year 1948 hour I minute 45 P.M.

21. I hereby certify that I attended the deceased from April 22  
1948 to Aug 29 1948

that I last saw him alive on Aug 23 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease  
chronic myocarditis, tender  
stenosis

Due to \_\_\_\_\_

Due to 4706

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 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 A. T. Mark (M. D. or other) \_\_\_\_\_

Address 3100 Potomac Date signed 8/26/48

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**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 Francis J. Swann

Licensed Embalmer No. 2245

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.**