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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 8 1948

Registration District No. 319

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1063

State File No. 34888

Registrar's No. 2460

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

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

(d) Street No. 4831 Oldenburg
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Brnjac

3. (b) If veteran, name war

3. (c) Social Security No. 497-05-6711

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Mary Antonic

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

7. Birth date of deceased December 10, 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 14 If less than one day hr. min.

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

10. Usual occupation Stone Mason

11. Industry or business

FATHER
12. Name John Brnjac
13. Birthplace unknown (City, town, or county) (State or foreign country) 9

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

16. (a) Informant County Hospital Records

(b) Address Clayton, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/27/48 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem

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

(b) Address 7027 Gravois

19. (a) 10-25-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1948 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 23, 1948, to Oct. 24, 1948; that I last saw him alive on Oct. 24, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death mesenteric thrombosis

Due to generalized arteriosclerosis

Due to 93d

Other conditions arteriosclerotic Ht. disease, decompensated; possible lung malignancy
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Arthur E. Weigel (M. D. ~~[illegible]~~)

Address 601 S. Brentwood Date signed 10/29/48

(Licensed Embalmer's Statement on Reverse Side)

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravoi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.