

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10196**
2629
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 16	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5100 Robin Avenue				d. STREET ADDRESS (If rural, give location) 5100 Robin Avenue			
3. NAME OF DECEASED (Type or Print) LUCIA		a. (First)		b. (Middle) HRELJAC		c. (Last)	
4. DATE OF DEATH March 22-1949		Date (Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 13-1883		9. AGE (In years last birthday) 65		10. MONTHS _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Croatia		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Ivan Nerusich		13b. MOTHER'S MAIDEN NAME Maria Pranovich		14. NAME OF HUSBAND OR WIFE Ivan Hreljac			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Ivan Hreljac ADDRESS 5100 Robin Ave			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 9/4a DUE TO (c) H2-1 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from March 14, 1949 , to March 22, 1949 , that I last saw the deceased alive on March 14, 1949 , and that death occurred at 2:30 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE A. L. Merklin M.D. (Degree or title)				23b. ADDRESS 3507 Palmetto		23c. DATE SIGNED 3-22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 25-1949		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE RECD BY LOCAL HEALTH DEPT. APR 23 1949		REGISTRAR'S SIGNATURE J. B. Sasater		25. FUNERAL DIRECTOR'S SIGNATURE Myrdell Hnd ADDRESS 1926 Allen Avenue			

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

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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.....

Me

Student Embalmer No.

working under my personal supervision.

Signed

Benj. C. Duncan

Licensed Embalmer No. 2272

Signed.....

Student Embalmer

P. O. Address 1926 Allen Avenue.

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.