No. 300
10.48

FILED APR 1 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 10286

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2630

2-2

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2730 Rutger Street

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 17
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 2730 Rutger Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): LAWRENCE
b. (Middle):
c. (Last): KRISKOVIC

**4. DATE OF DEATH** (Month) (Day) (Year): March 21-1949

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Aug. 10-1870
**9. AGE** (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Croatia
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: (Unknown) Kriskovic
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: EElizabeth

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Elizabeth Kriskovic — ADDRESS: 2730 Rutger

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | Pulmonary edema acute | 48 hrs |
| ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) | Myocarditis Chronic | 12 yrs |
| DUE TO (c) | Asthma cardiac | 12 yrs |
| II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. | Bronchitis Chronic | " |

**19a. DATE OF OPERATION**: —
**19b. MAJOR FINDINGS OF OPERATION**: —
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan 2, 1946, *to* Mar 21, 1949, *that I last saw the deceased alive on* Mar 21, 1949, *and that death occurred at* 4 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Edward N. Hamtel M.D.
**23b. ADDRESS**: 1504 So Grand
**23c. DATE SIGNED**: 3/22/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Mar. 24-1949
**24c. NAME OF CEMETERY OR CREMATORY**: Resurrection
**24d. LOCATION** (City, town, or county): St. Louis County — (State): Mo.

**DATE REC'D BY LOCAL REG.**: MAR 23 1949
**REGISTRAR'S SIGNATURE**: J. B. Lasatin
**25. FUNERAL DIRECTOR'S SIGNATURE**: Mordell Und. — ADDRESS: 1926 Allen Avenue

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1[illegible]

## 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

Signed ..... Student Embalmer

Licensed Embalmer No. 2272

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.