

FILED AUG 13 1949

STANDARD CERTIFICATE OF DEATH

State File No. 25095
6860

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>4324 Grace Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>Angeline</u>		a. (First) _____		b. (Middle) <u>Julia</u>		c. (Last) <u>Maricic</u>	
4. DATE OF DEATH (Month) (Day) (Year) _____		8		6		49	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>5-29-1927</u>	
9. AGE (In years last birthday) <u>22</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>7</u>		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stenographer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Manu. Supplies</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Maricic</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Candrl</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>John Maricic</u> ADDRESS <u>4324 GRACE.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH _____	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Anterior Poliomyelitis (Bulbar)</u>		ANTECEDENT CAUSES <u>None</u>				DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS <u>None</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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) <u>St. Louis</u> (STATE) _____		21f. HOW DID INJURY OCCUR? <u>0.800</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:30 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Louis Bauer, M.D.</u> (Degree or title)		23b. ADDRESS <u>2646 Gravois Ave</u>		23c. DATE SIGNED <u>8/6/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buroal</u>		24b. DATE <u>8-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 7 1949</u>		REGISTRAR'S SIGNATURE <u>J.B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Moydell Funeral Home</u> ADDRESS _____			

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

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.

Student
Student Embalmer

Signed Dale A. Stummann

Licensed Embalmer No. 4533

P. O. Address _____

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.