

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH1003 State File No. 28435
7676

318

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 Missouri b. COUNTY 000		
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		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5953 Lalite Avenue		d. STREET ADDRESS (If rural, give location) 5953 Lalite Avenue 9		
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) V.		c. (Last) Potocnjak
4. DATE OF DEATH (Month) (Day) (Year) 9 4 49				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sep 21, 1886	9. AGE (in years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Steel		11. BIRTHPLACE (State or foreign country) Yugoslavia 8
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME Matt Potocnjak		13b. MOTHER'S MAIDEN NAME Katherine Deranja		14. NAME OF HUSBAND OR WIFE Mary (Sokolich) Potocnjak
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-03-1871		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Potocnjak, 5953 Lalite 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma - left lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia - Rt - Metastatic Carcinoma.		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.
19a. DATE OF OPERATION 9/13/48		19b. MAJOR FINDINGS OF OPERATION Carcinoma of left lung		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) 410
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X
22. I hereby certify that I attended the deceased from 9/3/49, 1949, to 9/4/1949, that I last saw the deceased alive on 9/2/1949, and that death occurred at 9/4 8:30 a.m., from the causes and on the date stated above.				
23a. SIGNATURE Joseph L. Lucido M.D.		23b. ADDRESS (Degree or title) Mo. Theatre Bldg		23c. DATE SIGNED 9-4-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9 - 7 - 49		24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. SEP 6 1949		REGISTRAR'S SIGNATURE J. B. Lancaster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kraeger-Voss Funeral Home

(Licensed Embalmer's Statement on Reverse Side) 3402 No. Kingshighway

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

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.