

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31741**
8562

#97538

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

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Wyoming b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cheyenne	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) NR Unknown	

3. NAME OF DECEASED a. (First) Mathew (Type or Print)			b. (Middle) MAT			c. (Last) EVANETICH			4. DATE OF DEATH (Month) (Day) (Year) Oct. 3, 1949		
5. SEX Male			6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single			8. DATE OF BIRTH Dec. 18-1896		
9. AGE (In years last birthday) 52			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner			10d. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Austria		
11a. CITIZENSHIP (Specify) _____			12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME Peter Evanetich			13b. MOTHER'S MAIDEN NAME Catherine Starha		

14. NAME OF HUSBAND OR WIFE none			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. 527-01-2515			17. INFORMANT'S SIGNATURE OR NAME Mrs. Silvio Pucci		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			19. DATE OF OPERATION _____			20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			21. ADDRESS _____		

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Fibrosis			INTERVAL BETWEEN ONSET AND DEATH _____		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			2. ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Silicosis		
DUE TO (c) Gastric Ulcer			DUE TO (d) Cor. Pulmonale		
3. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			21. HOW DID INJURY OCCUR? 5730		

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) 114		
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? 5730		

22. I hereby certify that I attended the deceased from **9/27/49**, 19____, to **10/3/49**, 19____, that I last saw the deceased alive on **10/3/49**, 19____, and that death occurred at **7:45am**, from the causes and on the date stated above.

23. SIGNATURE Joseph E. D. Bledsoe M.D. (Degree or title)			23b. ADDRESS 1515 Lafayette Ave.,			23c. DATE SIGNED 10/4/49		
24a. FUNERAL CREMATION, REMOVAL (Specify) Burial			24b. DATE Oct. 5, 49			24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		
24d. LOCATION (City, town, or county) St. Louis, Missouri (State)			24e. NAME OF CEMETERY OR CREMATORY _____			24f. LOCATION (City, town, or county) _____ (State)		

DATE REC'D BY LOCAL REG. OCT 5 1949			REGISTRAR'S SIGNATURE J. B. Forster			25. FUNERAL DIRECTOR'S SIGNATURE P. Miceli & Sons		
ADDRESS _____			ADDRESS _____			ADDRESS 1150 N. Kingshighway		

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.....

Anthony J. Miceli

Licensed Embalmer No.

4277

P. O. Address.....

St. Louis

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.