

FILED OCT 28 1949

STANDARD CERTIFICATE OF DEATH

State File No. **35170**
8951
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo 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					
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				e. STREET ADDRESS (If rural, give location) 26 4057 N. Broadway					
3. NAME OF DECEASED (Type or Print) Frank			a. (First)		b. (Middle)		c. (Last) Grbcich		
4. DATE OF DEATH 10 16 49		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH 8-13-1895		9. AGE (in years last birthday) 54		IF UNDER 1 YEAR Months 2 Days 3		IF UNDER 24 HRS. Hours 3 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Yugoslavia			
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Frank Grbcich		13b. MOTHER'S MAIDEN NAME Mary Grbcich		14. NAME OF HUSBAND OR WIFE Mary Grbcich		
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.		17. INFORMANT'S SIGNATURE OR NAME David Blazich				ADDRESS 5838 W. Floresant	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage Multiple Fractures suffered when struck by Public Service streetcar operated by one William Argy. DUE TO car 7200 block of No. Broadway about 6:23 p.m. Oct 15 1949						MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		II. OTHER SIGNIFICANT CONDITIONS about 6:23 p.m. Oct 15 1949							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo, Ill		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Oct 15 49 p.m. 6:23			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? car 7200 block of No. Broadway							
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 12:01 A.M. , from the causes and on the date stated above. 56									
23a. SIGNATURE Patrick E. Taylor				(Degree or title) Cor 3		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10.18.49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-19-49		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. OCT 18 1949		REGISTRAR'S SIGNATURE J. B. Fawcett			25. FUNERAL DIRECTOR'S SIGNATURE Myrdell Funeral Home		ADDRESS 1226 Allen		

WRITE PLAINLY—USING UNFADEING 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

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed Dale A. Traumann

Licensed Embalmer No. 4533

P. O. Address 1956 Allen

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.