

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38869

State File No.

#105176

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

10483

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town)
OR
TOWN St. Louis, Mo.

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louis

d. STREET ADDRESS (If rural, give location)

23 1727a S. 10th St.

3. NAME OF DECEASED

(Type or Print)

a. (First)

JOHN

b. (Middle)

c. (Last)

JACKOVAC

4. DATE OF DEATH (Month) (Day) (Year)

December 3, 1949

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1/5/75

9. AGE (In years last birthday)

74

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)

Ironworker

10b. KIND OF BUSINESS OR INDUSTRY

Boundry

11. BIRTHPLACE (State or foreign country)

Yugoslavia

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME

Nicholas Jakovac

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Deceased

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.

489-09-5748

17. INFORMANT'S SIGNATURE OR NAME

Millie Serben

ADDRESS

2111 S. 9th

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

MEDICAL CERTIFICATION

Pulmonary Tuberculosis, Far Advanced

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbidity 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.

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)

St. Louis

Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 11/4/49, 19___, to 12/3/49, 19___, that I last saw the deceased alive on 12/3/49, 19___, and that death occurred at 10:45 PM., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

1515 Lafayette Ave.,

23c. DATE SIGNED

12/5/49

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

12/6/49

24c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cemetery

24d. LOCATION (City, town, or county) (State)

St. Louis County, Mo.

DATE REC'D BY LOCAL REG.

DEC 6 1949

REGISTRAR'S SIGNATURE

J. B. Sauter

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

CHULICK FUNERAL HOME 1722 S. Jeffers

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

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..... *Alex. A. Chubik Jr.*.....

Licensed Embalmer No. *4143*

P. O. Address *1722 S. Jefferson*.....

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.